

INVISIBLE CALIFORNIANS:

Lesbian, Gay, Bisexual, Transgender

Substance Abuse Clients

and

Their access to prevention, treatment, and

recovery support services in the State

**A Report to the Director, CA Department of
Alcohol and Drug Programs**

from the Department's

Lesbian, Gay, Bisexual and Transgender
Constituent Committee

MAY 2004

**California Department of Alcohol and Drug Programs
Lesbian, Gay, Bisexual, and Transgender
Constituent Committee**

Purpose:

The Lesbian, Gay, Bisexual, and Transgender Constituent Committee was established to advise and assist the Director and Executive Staff of the California Department of Alcohol and Drug Programs (ADP) in matters concerning alcohol and other drug abuse, prevention, and services. The purpose of the committee is to improve and expand alcohol and drug services for the lesbian, gay, bisexual, and transgender populations in California.

CA ADP LGBT Constituent Committee By-Laws, 2003

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A note about the title: Lesbian, gay men, and transgender individuals have gained visibility in recent years. Some bisexual women and men have so identified themselves in public forums as well. However, many LGBT people remain hidden. Even among those who are "out" in other areas of their lives, many are still inclined to be closeted when they enter the healthcare system. Anecdotally, many LGBT people with alcohol and drug problems have failed to benefit from existing programs and services either because they perceived that LGBT issues are not welcomed or addressed in the majority of alcohol and drug programs, or because a negative word or action relating to their LGBT status made clear that their safety depended on secrecy. Consequently, many, perhaps most agencies and programs do not "see" the LGBT clients they now serve, these "invisible Californians."

***INVISIBLE CALIFORNIANS:
Lesbian, Gay, Bisexual, Transgender Substance Abuse Clients***

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Introduction

The California Alcohol & Drug Department's LGBT Constituents Committee has developed this report and the recommendations herein in order to:

- I. Provide the ADP Director, ADP staff, and the Director's Advisory Council (DAC) and others with an **overview** of the needs of LGBT individuals for alcohol, tobacco, and other drug education, prevention, intervention, treatment, and recovery support services;
- II. Report **progress** in improving LGBT access to ATOD services in California since the Committee's inception and the subsequent establishment of a technical assistance contract to promote LGBT cultural competence in the delivery of ATOD services;
- III. Highlight the **continuing gap** between LGBT-appropriate, accessible ATOD services in the State and the unmet need for such services among California's large and increasing, but often hidden, LGBT population;
- IV. Identify such **community resources** specific to the needs of LGBT people with ATOD problems as are available to Californians, and some important national resources, as well; and
- V. Improve the **cultural competence** of all California ATOD programs and services for serving LGBT individuals in their client populations. Recommendations intended to promote such minimal cultural competence are included in the hope that ADP and County Administrators will encourage adoption of these concepts among programs and services under their direction.
- VI. Emphasize the **interface of substance abuse and other serious health and social** challenges facing LGBT Californians, including but not limited to, crime and violence, domestic violence, homelessness, school drop-out, unemployment, cancer and heart disease, sexually-transmitted disease.
- VII. Increase attention to the **intersection of LGBT alcohol, tobacco, and other drug use and the HIV/AIDS** epidemic as a major public health issue across the State, where gay men remain the largest group of AIDS cases despite demographic changes in the disease elsewhere in the U.S.

Our **Recommendations** to CA ADP are included, and several attachments.

Executive Summary

Lesbian, gay, bisexual, and transgender (LGBT) individuals use alcohol, tobacco, and other drugs differently than do their peers in the general population. Social rejection and oppression and internalized negative feelings about their LGBT identities, along with the prominence of bars and clubs as safe centers for socialization, and alcohol and tobacco marketing targeting this population increase LGBT risks for substance abuse. Early estimates of significantly higher rates of alcoholism/addiction in this population have not been confirmed by more recent studies. However, these studies have found that LGBTs are more likely to smoke cigarettes, less likely to abstain from alcohol, more likely to drink heavily and to do so later into life, more likely to use other drugs, and more likely to report problems relating to their drinking and drug taking than others.

Although many LGBT Californians have benefited from prevention, treatment, and recovery programs designed for the general population, many others have not. Some have received services only by concealing their LGBT identities. Among those whose LGBT identities were revealed or suspected many have reported discriminatory and abusive practices by service providers and/or other clients. Fear of such experiences discourages other LGBTs from participating in ATOD programs and services in the first place, particularly in the absence of any indication that they will be welcomed and respected. The very few LGBT-identified programs that exist do not begin to meet the needs for services, even for those LGBT Californians who prefer segregated services. The majority depend, by necessity and often by choice, on mainstream services. However, many of these have little or no competency in working with LGBT individuals and their culture.

California's LGBT Community Centers have not yet developed capacity for responding to LGBT requests for ATOD prevention, treatment, or recovery programs. Of those County Alcohol and Drug Program administrators who responded to a 2003 survey, few new how to refer requests for services for LGBT individuals. Despite progress in the State lead by this Committee, the CA ADP Technical Assistance contract to increased LGBT access to existing services, and some landmark community-based programs, the prospects of an LGBT California receiving adequate and appropriate prevention, treatment, and recovery support services are only slightly better than they were a decade earlier. Meanwhile, AIDS remains primarily a gay male epidemic in the State, even as the demographics of HIV infection have changed elsewhere, with substance abuse a significant contributing factor.

There are actions ADP, the County administrators, LGBT and HIV/AIDS organizations, and communities can take to improve opportunities for LGBT Californians to receive appropriate, quality prevention, treatment and recovery services. The Recommendations section of this paper proposes several of these.

An Overview of the needs of LGBT's

In 2002, the National Association of Lesbian & Gay Addiction Professionals (NALGAP) published the article reproduced below on its website, nalgap.org, to summarize the current state of knowledge regarding alcohol, tobacco, and other drug problems among members of American's lesbian, gay, bisexual and transgender communities. The California Alcohol & Drug Department's LGBT Constituent Committee acknowledges NALGAP's contributions and supports the contents of this summary. However, the Committee also notes, in the words of one of the early drafts of California's 1995 manual *Preventing Alcohol and Other Drug Problems in the Lesbian and Gay Community*: "Sexual behavior acquires labels only within a cultural context." We respect those Californians who do not identify themselves with "LGBT culture," whatever their sexual choices, practices or gender identity may be.

In this regard, the Committee is also mindful that the number of people who may be sexually or romantically attracted to both women and men is presumed to be much greater than the very few who have been willing to self-identify as "bisexual" in a society that does not respect bisexual identity. Some bisexuals consider themselves members of the LGBT community, others do not.

The term "transgender" has come to be applied to a complex range of decisions some individuals make regarding gender, gender presentation, and/or their roles as sexual beings. Some among them seek to live and be treated as heterosexual men and women and do not regard themselves as "transgender" or identify with any of what the LGBT labels signify.

These caveats become increasingly significant in attempts to quantify alcohol, tobacco, and other drug problems among LGBT individuals and to identify programs and services appropriate to their needs. While research into the lives and health-related practices of lesbians and gay men is woefully lacking, hardly any has yet been done regarding bisexual and transgender people. And programs and services said to be "LGBT-friendly," may actually have little or no competence in serving transgender or bisexual clients.

Readers of this document will also be helped in their understanding of the issues this Committee addresses by considering that youth – generally meaning adolescents in this paper – is another "cultural context," in which the labels we use may be inappropriate, ambiguous, or even meaningless. Some of today's 'coming out youth,' have embraced "queer," a word that carried very negative meanings for earlier generations and is still not universally accepted among LGBT people.

Finally, the Committee acknowledges that "Intersex" is an additional label sometimes linked with LGBT concerns in recent years, generally referring to those individuals whose anatomical gender at birth was ambivalent. According to advocates for the Intersex movement, the gender of most of these individuals was determined surgically soon after birth, often without the knowledge or agreement of the infant's parents and with little consideration for how this surgery might effect their lives. Some Intersex people identify with LGBT political and cultural life, others do not. The Committee is respectful of these choices and hopes that some of its work is of benefit to Intersex people, but cannot claim expertise regarding their needs or their alcohol, tobacco, and other drug experiences.

There are other words and phrases in this document and in the literature on LGBT health that may not be familiar to some readers. A detailed glossary is provided as *Attachment A*.

Herewith, NALGAP's summary:

ALCOHOL, TOBACCO & OTHER DRUG PROBLEMS & LESBIAN, GAY, BISEXUAL, TRANSGENDER (LGBT) INDIVIDUALS

Reliable information about the size of the LGBT population is not available for a number of reasons: lack of research, fear of LGBT people to self-identify, variances in the acceptance of the LGBT labels. This also makes it difficult to determine the extent of LGBT substance abuse problems. But available studies indicate that LGBT people are more likely to use alcohol, tobacco and other drugs than the general population, are less likely to abstain, report higher rates of substance abuse problems, and are more likely to continue heavy drinking into later life.

LGBT's use alcohol, tobacco and other drugs for the same reasons as others, but their likelihood for doing so is heightened by personal and cultural stresses resulting from anti-gay bias. Reliance on bars for socialization, stress caused by discrimination, and targeted advertising by tobacco and alcohol businesses in gay and lesbian publications are all believed to contribute to increased pressures on LGBT individuals to engage in substance abuse. Education, prevention, intervention and treatment efforts for LGBT's are further complicated by the LGBT community's dependence upon alcohol and tobacco funding sources to support basic community services and cultural activities. Annual "gay pride" events, for example, are frequently sponsored by these businesses, as are a great many HIV/AIDS organizations and AIDS awareness-raising projects in which members of this culture are likely to participate.

"Homophobia" was coined in 1972 to describe fear and loathing of LGBT people by others. Internalized homophobia is a form of self-limiting, self-loathing— an important concept to understand in developing substance abuse services for this population. Anti-gay bias also results in frequent hate crimes aimed at LGBT youths, adding further to the stress of homophobia and heterosexism (an assumption that heterosexuality is the referred norm for everyone.) Since the early 1980s "AIDS-phobia"—from both the outside world and as another form of internalized negative self-perception— causes added stress for many LGBT individuals.

Preventing Alcohol and Other Drug Problems in the Lesbian and Gay Community (published in 1995 for "Alive With Pleasure," a SAMHSA/CSAP-funded conference on the topic) lists five substance abuse-specific risk factors for LGBT adolescents:

- Sense of self as worthless or bad.
- Lack of connectedness to supportive adults and peers.
- Lack of alternative ways to view "differentness"
- Lack of access to role models.
- Lack of opportunities to socialize with other gays/lesbians except bars.
- The risk of contracting HIV.

Recommendations for prevention strategies specific to LGBT individuals and communities include:

- Public education and policy advocacy aimed at eliminating heterosexism and homophobia.
- LGBT cultural competency training for community-based agencies, programs and services, including those focused on substance abuse (e.g., police, health and social services, education, faith community, families, and foster care).
- Safer, alternative venues for LGBT youth and those in the process of forming their sexual identities to “come out.”

Like other communities, the LGBT community is typified by its own history, customs, values, and social and behavioral norms. It has clearly identified festivals, holidays, rituals, symbols, heroes, language, art, music, and literature. Effective substance abuse prevention, intervention, treatment, and recovery must both reflect and mobilize LGBT culture. Prevention and treatment that are not affirming of LGBT people are not only non-productive, they may increase problems.

References

National Association of Lesbian & Gay Addiction Professionals (NALGAP)

www.nalgap.org - see homepage link to NALGAP Prevention Policy Statement & Guidelines (http://www.nalgap.org/NALGAP_94_Prev_Policy_Guidelines.pdf)

NCADI's PREVLINe Celebrating LGBT Pride & Diversity Section:

www.ncadi.samhsa.gov/features/lgbt/index.htm (or select “Lesbian, Gay, Bisexual, Transgender from the Audience menu at www.ncadi.samhsa.gov)

CSAP Substance Abuse Resource Guide: Lesbian, Gay, Bisexual and Transgender Populations (rev. 2000, SAMHSA/CSAP) MS489:

<http://www.health.org/referrals/resguides.asp?InvNum=MS489>

A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, & Transgender Individuals (2001, SAMHSA/CSAT) BKD392:

<http://www.health.org/govpubs/BKD392/index.pdf>

Healthy People 2010: Companion Document for Lesbian, Gay, Bisexual, and Transgender (LGBT) Health (2001, Gay and Lesbian Medical Association):

<http://www.glma.org/policy/hp2010/index.html>

Preventing Alcohol and Other Drug Problems in the Lesbian and Gay Community (available in printed form only from PRTA [www.pртаonline.org])

CSAP Cultural Competence Series #4: Cultural Competence for Social Workers Chapter 6: Gay and Lesbian Persons 1995, BKD189

Progress in meeting the needs for ATOD programs and services of LGBT Californians

California has led the nation in identifying ATOD problems among LGBT individuals and communities and in providing appropriate and culturally competence programs and services. Indeed, the first attempt to determine the extent of alcohol problems in a gay population was undertaken in 1975 in Los Angeles County. Titled *On My Way to Nowhere: Alienated, Isolated, Drunk: An Analysis of Gay Alcohol Abuse and An Evaluation of Alcoholism Rehabilitation Services for the Los Angeles Gay Community*. The project was “made possible by Public Monies from Hughes Funds through Contract #25125 with Central Health Region, County of Los Angeles,” under the auspices of what was then known as The Gay Community Services Center (of Los Angeles, now the Gay & Lesbian Center-Los Angeles.)

1992 CA ADP LGBT Constituent Committee The LGBT Committee was established in 1992 to advise and assist the California Department of Alcohol and Drug Programs (ADP). The purpose of the LGBT Committee is to improve and expand alcohol and drug prevention and treatment services for the LGBT populations in California. Since 1992, the LGBT Committee has achieved the following:

- Successfully lobbied to have Gay/Lesbian identified-or-friendly substance abuse services identified in the State ADP publication, **Treatment Works!**, a resource directory for all funded substance-abuse treatment programs in the state of California.
- Conducted a total of seven state-wide Town Hall meetings to assess prevention and treatment needs for the LGBT population, and published the results in a handbook.
- Developed a position paper outlining LGBT prevention and treatment issues, which resulted in technical assistance funding to implement education and training for community organizations and programs. This technical assistance contract is funded through Progressive Research and Training for Action (PRTA).
- Introduced an issue referral to State ADP to call together a constituent committee summit in order to gather representatives of all underserved high-risk populations and create a platform outlining prevention and treatment program and funding needs. The following constituent committees were to be involved: Gay/Lesbian/Bisexual/Transgender, African-American, Latin, Native American, Asian/Pacific Islander, Women, Disability, Aging. The referral was unanimously approved by the director’s advisory Council and planning for the summit was begun.

1991 The Stepping Stone Prevention Program, San Diego, a county-wide effort to apply environmental prevention strategies to the alcohol problems of the county’s lesbian and gay community, supported by contract funds from the San Diego County Alcohol and Drug Services Department of Health Services. The Stepping Stone project was one of the first in the nation to

conduct a community needs assessment specific to LGBT community culture and AOD problems.

1992 Research Symposium on Alcohol and Other Drug Problem Prevention Among Lesbians and Gay Men, organized by the EMT Group, Inc., “as part of a contract to the California State Department of Alcohol and Drug Programs (DADP).”

The Symposium was held concurrently with the 14th National Lesbian and Gay Health Conference, 10th Annual AIDS/HIV Forum, sponsored by the National Lesbian and Gay Health Foundation and the George Washington University Medical Center. Proceedings of the Symposium were published by EMT in October 1992 and provided what was, in fact, a state-of-knowledge report on U.S. research into alcohol and other drug problems among lesbians and gay men.

1994 LGBT Constituent Committee “Position Paper in Support of A Request for Proposals for a Gay/Lesbian Technical Assistance Contract.

1995 CA ADP Technical Assistance Contract to increase LGBT access to AOD Services in California, to PRTA (originally Progressive Research and Training Alliance, now Progressive Research and Training for Action).

1996 Alive With Pleasure: Prevention of Tobacco and Alcohol Problems in the Lesbian, Gay, Bisexual and Transgender Communities. Co-organized by PRTA and the Coalition of Lavender Americans on Smoking and Health (CLASH), this October 3-4, 1996 conference at The Clarion Hotel, SFO, Millbrae, CA brought together policy makers, researchers, community leaders, advocates, prevention and treatment programs, and constituents for state-of-the-art presentations and recommendations for California’s LGBT population. The conference was supported by a grant from the U.S. Center for Substance Abuse Prevention. Through an agreement between organizers and CA ADP, a manual, *Prevention Alcohol and Other Drug Problems in the Lesbian and Gay Community*, by Jill Kelly, LCSW under contract with The EMT Group Inc., was published and provided to conference participants.

1996-97 Town Halls organized by the CA ADP LGBT Constituent Committee and PRTA in San Diego, Riverside, Sacramento, and Fresno to obtain feedback from LGBT Californians regarding their needs for substance abuse services, to raise their awareness about ATOD problems as a serious public health issue within LGBT culture, and to increase visibility for the Technical Assistance contract operated by PRTA.

1997 Community Prevention Council, a joint project of the Los Angeles Gay & Lesbian Center and the Alcoholism Center for Women, under contract with LA-ADPA. On March 12, 1997, the CPC was formally presented to the LA County LGBT community in an all day Town Hall Meeting, held in Fiesta Hall, Plummer Park, in West Hollywood.

Since 1997, the CPC – a county-wide coalition of individuals, agencies, programs and organizations concerned with LGBT substance abuse issues – has sponsored a number of highly-

visible and successful events, including ATOD-free activities for youth, Oasis of Pride ATOD-free booths at annual gay pride festivals, awareness events and policy initiatives.

2000 Ventura County LGBT Coalition began surveying the Youth Empowerment Program and gathered data about risk areas, drug use trends, HIV/AIDS awareness and exposure. (A final report is expected in 2004).

Since March 2003 the LGBT Coalition has sponsored alcohol free dances that have been very successful. In 2004 they celebrate their 2nd year.

In August of 2003 The LGBT Coalition presented their success, in the area of gathering statistical data at Pride By The Sea in Ventura with anonymous breathalyzer testing, at the California Prevention Summit. The final report is due to be published in June 2004.

In April of 2004 the LGBT Coalition co-sponsored an LGBT Friendly Health Providers Fair with great success. The health fair introduced the community to service providers in the county.

The continuing gap between CA LGBT needs and resources

County Alcohol & Drug Program Administrators

In September 2003, eighteen County A/D Administrators completed a survey consisting of seven questions developed several years earlier for a previous attempt to obtain a “snapshot” of County awareness of and resources for LGBT Californians (see *Attachment D* for details):

1. How would you classify your county? Rural Urban Mixed
2. Are you aware of the barriers to treatment for alcohol and drug problems experienced by members of the lesbian, gay, bisexual, and transgender (LGBT) community?
3. Are there LGBT-specific services in your county?
4. Are there AA and/or NA meetings that are LGBT-specific?
5. Do you have LGBT-specific residential services in your county?
6. Do you refer to LGBT-specific facilities?
7. Are you interested in receiving LGBT cultural competency technical assistance?

Respondents were asked to check either ‘yes’ or ‘no’ for questions 2-6, and space was provided for optional comments.

Nine ‘rural’ counties, eight ‘mixed’ counties, and one ‘urban’ county participated in the survey. Given limitations of the questions themselves, this small sample size, and lack of follow-up, only the broadest conclusions can be drawn from the results. However, a few findings confirm anecdotal information members of the CA ADP Constituent Committee have reported and point to statewide needs and opportunities:

- Only the ‘urban’ county and one of the ‘mixed’ counties have LGBT-specific services.
- LGBT-identified self-help programs either do not exist or are unknown to county administrators in rural counties.
- Only four respondents currently refer to LGBT-specific facilities.
- All but one county indicated interest in receiving LGBT cultural competency technical assistance.

Gay & Lesbian Community Centers

In 2003 there were approximated 25 Gay & Lesbian Community Centers (with varying official names) throughout California. In developing this paper, the CA ADP LGBT Constituent Committee telephoned most of these centers and asked the individual who answered a few informal questions about how a call from an LGBT person seeking alcohol and/or drug services would be helped. In almost every case, we were told that the Center did not know how to refer such calls to qualified agencies, programs or providers in their communities, typically did not do so, and had no resources of their own to offer. Some contacts went on to say that they had received such queries in the past but were at a loss to know what help to suggest. Reliance on volunteers to handle Center calls, many of whom had little training and experience, the attendant

turnover in volunteer staff, lack of resources, including lack of adequate in-service training, are all believed to contribute to these problems.

Until this informal survey was conducted, the Committee, and many others involved in LGBT health in California had assumed that these Gay & Lesbian Community Centers were addressing the need of LGBT's with substance abuse questions and problems, knew of LGBT-identified or LGBT-welcoming programs and providers in their areas and were filling an important health need for LGBT Californians. It is the Committee's belief that the mainstream healthcare system has also erroneously seen the growth of Gay & Lesbian (or LGBT as many are now called) Community Centers as at least a part of the solution to LGBT alcohol and other drug education, prevention, treatment and recovery support needs.

Therefore, there is an immediate and urgent need for technical assistance and training for staff (paid and volunteer) of California's many Gay & Lesbian Community Centers. These Centers need to develop capacity to identify appropriate resources in their communities to LGBT Californians turning to them for help and information. They also need to know what resources are available to them should they attempt to address unmet needs for alcohol and drug programs and services for LGBT individuals. The current Technical Assistance contract CA ADP supports through PRTA has the ability to deliver these kinds of training and technical assistance to these centers, as indicated in one of this paper's recommendations.

Community ATOD resources for LGBT Californians

A directory to selected LGBT substance abuse services in California communities, some additional statewide resources, and websites for other organizations providing information and help on the topic appear as *Attachment B*.

Attachment B makes clear how few LGBT-identified ATOD programs and services are currently available in California, although the State has more of these than exist elsewhere in the U.S. at present.

No data as yet exists to indicate either the preferences of LGBT consumers themselves for LGBT-specific substance abuse services, or whether matching them to such service improves outcomes. Anecdotally, some LGBT persons have reported encountering homophobic attitudes and practices when they have sought help and information from mainstream sources; some attribute their early failures to recover to such experiences.

Many LGBT people seeking help relating to their own or another's ATOD problems appear to have benefited from programs and services designed for the population at large, although their numbers are also unknown. It is likely that many more would do so if such programs and services acquired and implemented cultural competency regarding LGBT culture. As LGBT communities create their own, LGBT-identified resources for obtaining health information, prevention, and healthcare services, it is equally important that traditional ATOD resources help educate them about substance abuse and available substance abuse programs and services.

Until more accurate and detailed information about the LGBT preferences of current and potential consumers of California's ATOD programs and services may become available, the most hopeful and productive means of improving opportunities for LGBT people appears to be through increased LGBT cultural competency for current and future agencies, services and programs.

Meanwhile, *Attachment B* may serve to help ADP and the counties in locating help and information likely to connect LGBT Californians with the best and most appropriate resources.

Cultural competence/LGBT cultural competence

Cultural Competence

Defined as “the shared values, traditions, norms, customs, arts, history, folklore, and institutions of a group of people,” culture shapes how people see their world and structure community and family life. Cultural affiliation often determines values and attitudes about health issues, responses to messages, and use of alcohol, tobacco and drugs.

Culture is broader than race and ethnicity and people often belong to one or more subgroups influencing what they think and how they act. Geography, lifestyle, age, disabilities and other characteristics also affect attitudes and behavior.

Cultural competence refers to academic and interpersonal skills allowing people to increase their understanding and appreciation of cultural differences and similarities within, among, and between groups.

To be effective, all substance abuse services must be culturally competent, regardless of their goals and objectives or identified target audience. A culturally competent program demonstrates sensitivity to and understanding of cultural differences in program design, implementation, and evaluation. Such programs:

- Acknowledge cultures as a predominant force in shaping behaviors, values, and institutions.
- Acknowledge and accept that cultural differences exist and have an impact on service delivery.
- Believe that diversity within cultures is as important as diversity between cultures.
- Respect the unique, culturally defined needs of various client populations.
- Recognize that concepts such as “family” and “community” are different for various cultures and even for subgroups within cultures.
- Understand that people from different racial and ethnic groups and other cultural subgroups are usually best served by persons who are a part of or in tune with their culture.
- Recognize that taking the best of both worlds enhances the capacity of all.

LGBT Cultural Competence

Those developing and providing substance abuse programs and services need to recognize that LGBT communities possess common knowledge, attitudes, and behavioral patterns; have their own symbols, legacies, folklore, heritage, and history. There is little way of identifying LGBT people unless they self-identify, so much of this culture remains hidden within the larger community, only becoming apparent during LGBT celebrations or when an LGBT-related issue is in the general media.

Contemporary gay culture dates to protests of police oppression in New York City during the summer of 1969, which led to calls for civil rights and community pride. Since then, expressions

of LGBT sensibilities and concerns have produced an entire “gay media,” including books, magazines, television programs, and Internet sites. The corporate world recognizes LGBT people as important consumer target audiences and the marketing of alcohol and tobacco provides both a significant revenue source for LGBT organizations and enterprises, and a barrier to substance abuse education and prevention. Because there remains a continuing need for increased LGBT visibility and pride, advertisers and promoters have become increasingly adept at incorporating LGBT symbols and values in their messages in order to gain LGBT community approval.

Marginalization is a distinguishing characteristic that often sets LGBT culture apart from ethnic cultures. Most ethnic minorities can escape discrimination in their own families and neighborhoods, but this is not always the case for LGBT’s. Few LGBT’s are exposed to positive role models as they grow up, reinforcing their feelings of isolation. Of course LGBT individuals may carry additional minority labels, including ethnic/racial, disability, or being an older American, which bring their own burden of stigma and resulting barriers.

Marginalization has, at times, been reinforced or even created by some health professionals and health programs. Historically, LGBT’s were viewed as deviant or pathological by much of the medical and psychiatric community. Not surprisingly, many LGBT people decline to self-identify when they interact with the health care system. At the same time, many of them are wary of mainstream services, usually the only services available to them, and thus are underserved by prevention and treatment programs. Internalized homophobia contributes to ATOD-problems for LGBT people and is an added barrier to their willingness to accept help. When they do participate in healthcare, many LGBT people encounter ignorance among professionals concerning their particular and specific substance abuse-related health risks.

In LGBT culture, nonverbal cues are of particular importance. When LGBTs seek out health information and services, they look for some visual signs that they are safe, accepted, and welcome. They are also likely to be particularly aware of and sensitive to how staff, volunteers and other participants respond to either self-disclosure of LGBT identity or assumptions that they are, or may be gay, or to references to LGBT issues in general.

Lesbian, gay, bisexual, or transgender professionals and volunteers provide an important, positive signal to LGBT communities. But automatically and exclusively directing LGBT clients and issues to them can reinforce perceptions that others, and the program or agency as a whole, is not LGBT-friendly and welcoming. Being a self-identified LGBT person is no more proof of LGBT cultural competence than is being in recovery by itself a professional credential. The reality is that there is unlikely to ever be a proportionate amount of LGBT-identified programming available to serve LGBT populations. Therefore, all members of a program, agency or project addressing ATOD education, prevention, intervention, treatment, rehabilitation, and recovery support need to be culturally competent in working with LGBT individuals and communities

To achieve and maintain cultural competence for serving LGBT individuals and their communities, alcohol, tobacco, and other drug programs and services need to:

Display their policies of non-discrimination, specifically including lesbian, gay, bisexual, and transgender persons and routinely provided to all staff and clients; all employees and volunteers should sign a statement that they understand and will abide by these policies.

Provide comprehensive training for all staff, including administrators and volunteer staff, about LGBT culture, including alcohol, tobacco, and other drug (ATOD) risk factors and special issues in prevention and treatment.

Respect and protect rights of clients and staff to self-identify or decline to self-identify as LGBT; private disclosure should be kept confidential.

Support the coming out experience for those preparing to establish an openly lesbian/gay/bisexual/transgender identity and provide strategies for countering internalized heterosexism/homophobia, and/or refer to appropriate lesbian/gay/ bisexual/transgender-affirming therapies. (Therapies to “re-orient” clients to a heterosexual orientation are *not* recommended because they are usually ineffective and raise serious ethical questions.)

Provide non-judgmental and positive written and oral references to lesbian/gay/ bisexual/transgender. Wherever possible, emphasis should be placed on affirming safe, healthy, non-ATOD-abusing aspects of lesbian/gay culture.

Offer information about lesbian/gay/bisexual/transgender organizations, publications and events; resources containing lesbian/gay/bisexual/transgender-specific alcohol and other drug information or help, such as lesbian/gay AA and Al-Anon groups, treatment providers, community centers, etc.

Promote information about the medical and behavioral links between use of alcohol, tobacco, other drugs, HIV infection, and the developmental progression of AIDS.

Educate, counsel and support HIV-positive persons in establishing a smoke-free, clean and sober lifestyle as a basic strategy for extending healthy life.

Recognize the significant role of alcohol and of other drug use in lesbian/gay/bisexual/transgender culture and socialization and routinely include risk-reduction messages and strategies.

Invite members of LGBT groups to serve on boards, task forces, coalitions, planning committees, advisory bodies, etc.

Establish, support, and promote ATOD-free alternative activities for LGBT people, particularly youth; encourage LGBT organizations to sponsor ATOD-free events to model non-drinking/using norms.

Promote responsible hospitality guidelines and server training for all LGBT community events where alcohol is served.

Help LGBT groups identify and secure non-alcohol/tobacco sources of support for their activities, events, and services.

In 1997, the Massachusetts Department of Public Health funded The LGBT Health Access Project. One outcome of the project was publication of “Community Standards of Practice For Provision of Quality Health Care Services For Gay, Lesbian, Bisexual And Transgendered Clients,” the complete text of which is available at the Project’s website - www.glbthealth.org. From these, the Massachusetts project also created a Quick Checklist. A slightly amended form of the Quick Checklist appears as *Attachment C* to this document and may serve as one means of assessing cultural competence in the delivery of ATOD services to LGBT Californians, and may suggest specific actions that may be taken to develop and increase such competence.

As noted in *Attachment C*, cultural competence is a continuum and the more of the recommendations for cultural competence in serving LGBT clients an agency, program, organization or service addresses, the greater its LGBT cultural competence.

Recommendations to the Director, CA ADP:

The CA ADP LGBT Constituent Committee recommends the following:

- That a copy of this document under cover of a letter from the Office of the Director, CA ADP urging that this paper be used to assess and develop alcohol, tobacco, and other drug programs and services in California, be sent to: chairs of all committees of the Director's Advisory Council, and to all California County alcohol and drug program administrators;
- That CA ADP continue to support the activities of this Committee;
- That CA ADP continue to support an LGBT Technical Assistance contract, and to encourage that contract to place emphasis on outreach to the State's Gay & Lesbian Community Centers regarding substance abuse problems and needs in their communities, in addition to its ongoing efforts to train community providers of alcohol and drug programs and services to become culturally competent in serving their LGBT clients, particularly in California communities lacking in LGBT-identified health resources (i.e., rural counties and communities more distant from large urban centers);
- That CA ADP include sexual orientation questions on all surveys and other data-collecting instruments it sponsors (e.g., Youth Risk Behavior Surveillance surveys, etc), and encourage other State agencies to do so as well in order to capture more accurate data regarding the health status and health needs of LGBT Californians.
- That CA ADP express its support for the standards of cultural competency in the provision of alcohol and drug programs and services described in this document wherever it has opportunities to do so;
- That CA ADP contribute to increased public awareness of the issues of LGBT substance abuse and the need for appropriate, accessible services;
- That CA ADP work with other State agencies (e.g., Office of AIDS) to increase awareness of the link between substance abuse and HIV/AIDS and the heightened risks for HIV/AIDS faced by California's LGBT populations; to collaborate on efforts to prevent HIV/AIDS among LGBT Californians;
- That CA ADP acknowledge, reference, and include LGBTs in addressing co-occurring substance abuse and mental health problems, and the relationships between ATOD problems and other health and social problems known to affect LGBT people, such as crime and violence, domestic violence, rape and sexual assault, hate crimes, etc..
- That CA ADP identifies sources of support for development of services to meet the needs of the State's lesbian and bisexual women, especially.

Attachment A

Glossary

Bisexual: An individual (male or female) with an affect ional and sexual orientation toward people of both genders.

Circuit Parties: Weekend-long gatherings, centering on all-night dances to raise money for HIV/AIDS programs, where drug use is common.

Closeted; in the closet: Not being open to others that one is lesbian, gay, or bisexual.

Coming Out: The process of becoming aware of and understanding and accepting one's sexual orientation and/or gender identity. "Coming out" also refers to the ongoing process of deciding how open to be with others, how much to disclose and to whom.

Cultural competence: Broadly based and diverse understanding of, and ability to respond and relate to, culturally specific nuances, communication styles, traditions, icons, experiences, and spiritual traditions of a given culture or cultures.

Dominant culture: The cultural values, beliefs, and practices that are most common, or that are most powerful and influential within a given society.

Family: Legally defined family is prescribed by legal statute or common law, specifically on the basis of blood relationship, legal marriage, or legal adoption.

Family of choice: Persons or group an individual sees as significant in her/his life. It may include none, all, or some members of his/her family of origin. In addition, it may include individuals such as significant others or partners, friends, and coworkers.

Gay/Gay Man/Youth: A male with an affect ional and sexual orientation toward other men.

Gender: The emotional and psychological characteristics that classify an individual as "female," "male," both or neither. Includes both individual conceptions (gender identity) and societal components (gender roles). Gender, like sexuality, is fluid. The boundaries are not rigid. How one is perceived by the world (identity presentation) may or may not be the same as one's gender identity.

Gender identity: Person's sense of self as being either male or female. Gender identity does not always match biological sex; for example, a persona may be born biologically male yet have a female gender identity.

Heterosexism: The generalized belief that heterosexuality is the only "natural," normal and acceptable orientation and that it is inherently healthier or superior to other types of sexuality.

This belief tends to invalidate the needs, concerns and life experiences of lesbians, gay males, bisexuals and transgendered people.

Homophobia/Biphobia/Transphobia: Fear of, hatred of or contempt for homosexuals, bisexuals and/or transgender people or people who are perceived to be gay, lesbian, bisexual or transgender. These phobias can be: 1. External—bias against LGPT people because they are not heterosexual; 2. Internal – the shame, aversion or self-hatred felt by many LGBT people because they are not heterosexual and because they measure themselves by heterosexist standards.

Internalized homophobia: Internalized self-hatred that gays and lesbians struggle with as a result of heterosexual prejudice. Persons who experience internalized homophobia accept and believe the negative messages of the dominant group as they relate to gay men, lesbians, bisexuals, and transgender people.

Lesbian: A woman or female youth with an affect ional and sexual orientation towards other women.

LGBT: Acronym for lesbian, gay, bisexual, and transgender.

LGBTQ: When added LGBT, “Q” usually refers to questioning, commonly among adolescents. In some references, “Q” may stand for “queer” a word recently taken up by some LGBT activists, despite the aversion many LGBT people have to the word.

MSM; men who have sex with men: Men who engage in same sex behavior but do not necessarily self-identify as gay or bisexual.

Out; out of the closet: Refers to the varying degrees of being open about one’s sexual orientation or gender identity.

Questioning: Young individual who may be experiencing lesbian, gay, bisexual or transgender feelings or urges, but has not yet identified his or her sexual orientation or gender identity.

Reparative therapy (also called conversion therapy): Attempt to change a person’s sexual orientation from lesbian, gay, bisexual, or transgender to heterosexual.

Sexual identity or orientation: What people call themselves with regard to their sexuality. Common labels include “lesbian,” “gay,” “bisexual,” “bi,” “queer,” “questioning,” “undecided” or “undetermined,” “heterosexual,” “straight,” and “asexual.” Sexual identity evolves through a multistage developmental process, which varies in intensity and duration depending on the individual. Sexual identity also refers to a person’s erotic and affect ional response to another with respect to gender: heterosexual, lesbian, gay, or transgender.

Sexual minority: Lesbian, gay, bisexual, transgender, and questioning people as a minority in a predominantly heterosexual population.

Sexual orientation: The physical and emotional attraction to members of the same sex (homosexual), opposite sex (heterosexual) or both sexes (bisexual). The factors that determine sexual orientation are complex. Many researchers believe that one's sexual orientation is predisposed at birth. While these affect ional inclinations may not be recognized or acknowledged for many years, once established, they tend not to change.

Significant other: Life partner, domestic partner, lover, boyfriend, or girlfriend. In some countries, an equivalent term for "spouse" when referring to LGBT relationships.

Sodomy laws: State statutes (which vary by state) that prohibit contact between the mouth or anus of one person and the sexual organs of another person, consensual or otherwise.

Transgender: Person whose gender identity or gender expression is not congruent with his or her biological sex. Often used to indicate a broad range of gender-nonconforming identities and behaviors, including transsexuals (preoperative, postoperative and persons who are not interested in sex reassignment surgery), transvestites, male and female impersonators and "gender blenders" (persons who overtly challenge gender norms for cultural or political reasons). Transgendered persons may be heterosexual, homosexual, bisexual or asexual. Many experience their gender in a way that runs contrary to typical norms about male and female.

Transsexual: One whose gender identity is that of the opposite sex. There are female-to-male and male-to-female transsexuals. A transsexual may or may not have had sex reassignment surgery.

Women who have sex with women (WSW): Women who engage in same-sex behavior, but may not necessarily identify as lesbian or bisexual.

Sources:

What You Should Know About Helping Lesbian, Gay, Bisexual and Transgender Youth Stay Drug Free. DRAFT (2002). Academy for Educational Development, Washington, DC.
Healthy People 2010: Companion Document for Lesbian, Gay, Bisexual, and Transgender Health. (2001) Gay and Lesbian Medical Association, under contract for the Health Resources & Services Administration (HRSA), available in electronic format only at www.glma.org
A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals. (2001) Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment, DHHS Publication No. (SMA)01-3498

*Attachment B***Resources****SELECTED LGBT RECOVERY PROGRAMS IN CALIFORNIA****LOS ANGELES & VICINITY****Alternatives**

(Glendale Memorial Hospital)
 1420 South Central Ave
 Los Angeles, CA 91204
 (800) 342-5429
<http://www.alternativesinc.com>

Alternatives, Inc.

2526 Hyperion Ave. #4
 Los Angeles, CA 90027
 (323) 671-1600
 FAX (323) 671-1605

Los Angeles Gay & Lesbian Center

(outpatient)
 Addiction Recovery Services
 McDonald/Wright Building
 1625 N. Schrader Boulevard
 Los Angeles, CA 90028-6213
 (323) 993-7640
 TDD 323/993-7698
<http://www.laglc.org>
 E-mail: info@laglc.org

Van Ness Recovery House

1919 North Beachwood Drive
 Hollywood, CA 90068
 (323) 463-4266
<http://www.vnrh.org/>

Van Ness Recovery House

Prevention Division
 1136 North La Brea
 West Hollywood, CA 90038
 (323) 463-1601

Tarzana Treatment Center

18549 Roscoe Blvd.
 Northridge, CA
 800-996-1051
 818 654-3950

Youth services, have LGBT specific
 Services including TG groups

Tarzana Treatment Center

18646 Oxnard Street
 Tarzana, CA
 800-996-1051
 818 996-1051
<http://www.tarzanatc.com/>
 or
<http://www.tarzanatc.org/>

Adult services, detox, residential,
 and outpatient, LGBT specific services,
 TG counselors and groups

Tarzana Treatment Center

2103 Magnolia Ave.
 Long Beach, CA
 800-996-1051
 562 218-1868

Women only (kids ok),
 high percentage of lesbians

SAN DIEGO

The Stepping Stone

3425 Fifth Avenue
San Diego, CA 92103
(619) 295-3995

<http://steppingstonesd.org/>

Inpatient and outpatient services

SAN JOSE

Combined Addicts and Professionals Services (CAPS)

693 South 2nd Street
San Jose, CA 95112
408-995-3820

SAN FRANCISCO

Baker Places, Inc.

(main telephone: 415-546-9946)

www.bakerplaces.org

- a. Acceptance Place
1326 4th Avenue
San Francisco, CA 94122
(415) 682-2080

Residential 12-bed facility

- b. Ferguson Place
1249 Scott Street
San Francisco, CA 94115
(415) 922-9104

Residential 12-bed facility for
Triple diagnosed women and men:
Mental health, substance abuse, HIV-
related

Haight-Ashbury Free Clinics, Inc.

Center for Recovery

415 487 3665

<http://www.hafci.org/>

Residential, dual/triple diagnosis,
LGBT including trans-specific services

Haight-Ashbury Free Clinics, Inc.

Administrative Offices

612 Clayton Street

SF, CA 94117

415-487-3672

415-864-6162 fax

New Leaf Services for Our Community

1853 Market Street

San Francisco, CA 94103

415-626-7000

Fax (415) 626-5916

TDD (415) 252-8376

<http://www.NewLeafServices.org>

Lyon-Martin Women's
 Health Services
 1748 Market Street
 Suite 201
 San Francisco, CA 94102
 (415) 565-7667
 FAX: (415) 252-749
<http://www.lyon-martin.org/>

Walden House
 815 Buena Vista Ave W
 San Francisco, CA
 94117-4108
<http://www.waldenhouse.org/>

 Also houses: Transgender Recovery
 Program

Walden House
 890 Hayes St
 San Francisco, CA
 94117-2615

ADDITIONAL LGBT & ATOD RESOURCES IN CALIFORNIA

CA ADP LGBT Technical Assistance & Training Contract

Progressive Research & Training for Action (PRTA)
 360 22nd Street, Suite 688
 Oakland, CA 94612
 510-444-6288
 fax: 510-444-2131
www.prtaonline.org

LGBT ATOD Prevention

LA County Community Prevention Council
 (lgbt county coalition for ATOD prevention)
 Los Angeles Gay & Lesbian Center
 The Village at Ed Gould Plaza
 1125 N. McCadden Place
 Los Angeles, CA 90038
 323-860-7394
 e-mail: cpc@laglc.org

LGBT Coalition
 Ventura County Rainbow Alliance
 2021 Sperry Avenue, Suite 3
 Ventura, CA 93003
 805-339-6340
 fax : 805-477-0199
 (Environmental prevention coalitions ; provides LGBT smoking cessation)

OTHER SELECTED RESOURCES ON LGBT & ATOD

American Psychological Association - Lesbian, Gay, and Bisexual Concerns Office
www.apa.org/pi/lgbc/homepage.html

Association for Gay, Lesbian & Bisexual Issues in Counseling
<http://www.aglbic.org/>

Gay & Lesbian Medical Association (GLMA)
<http://www.glma.org>

Gay, Lesbian & Straight Education Network (GLSEN)
www.glsen.org

Hetrick-Martin Institute for Lesbian and Gay Youth & The Harvey Milk School
www.hmi.org

National Assoc. of Lesbian, Gay, Bisexual and Transgender Community Centers
www.lgbtcenters.org

National Association of Lesbian & Gay Addiction Professionals (NALGAP)
<http://www.nalgpa.org>

National Association of Social Workers -Committee on Lesbian & Gay Issues
www.naswdc.org

National Coalition for Lesbian, Gay, Bisexual, and Transgender Health
www.nclgbthealth.net

National Youth Advocacy Coalition
www.nyacyouth.org

Parents, Families & Friends of Lesbians & Gays (PFLAG)
www.pflag.org

SAMHSA National Clearinghouse for Alcohol and Drug Information (NCADI)
<http://ncadi.samhsa.gov>

(select “Lesbian, Gay, Bisexual, Transgender” from the Audience drop-down menu on the homepage)

Attachment C

A QUICK CHECKLIST OF CULTURAL COMPETENCE IN PROVIDING HEALTH PROGRAMS & SERVICES TO LGBT INDIVIDUALS

In 1997, the Massachusetts Department of Public Health funded The LGBT Health Access Project. One outcome of the project was publication of “Community Standards of Practice For Provision of Quality Health Care Services For Gay, Lesbian, Bisexual And Transgendered Clients,” the complete text of which is available at the Project’s website - www.glbthealth.org. The following is adapted from the project’s Quick Checklist, to help programs, services, agencies and organizations determine the cultural competence in meeting the needs of LGBT clients.

All of the items on this checklist are important. However, cultural competence is seen as a continuum. Thus the more of these that are in place or are adopted, the greater the level of cultural competence.

Does your agency, program, or organization:

____ Actively recruit gay, lesbian, bisexual, and transgender employees in its hiring practices, including advertising employment opportunities in LGBT publications

____ Have written policies regarding diversity, non-discrimination, and sexual harassment that explicitly include gay, lesbian, bisexual, and transgender employees

____ Support and encourage visibility of gay, lesbian, bisexual, and transgender employees

____ Have formal procedures for addressing employee complaints of discrimination or harassment based on sexual orientation or gender identity

____ Work to ensure that gay, lesbian, bisexual, and transgender employees of all ages have the same benefits and compensation as all other employees, including family benefits

____ Train personnel about LGBT-related benefits issues

- ____ Have written policies explicitly prohibiting discrimination based on sexual orientation and gender identity in the provision of services
- ____ Have written procedures for clients to file and resolve complaints regarding discrimination based on sexual orientation or gender identity
- ____ Use inclusive intake and assessment forms and procedures that are culturally appropriate for gay, lesbian, bisexual, and transgender clients
- ____ Train intake and assessment staff to assure that they provide medically and culturally appropriate care and referrals within and outside the agency
- ____ Provide ongoing diversity, harassment, and anti-discrimination training for staff around LGBT issues as they pertain to the agency's services
- ____ Provide comprehensive training so that all direct care staff can identify and address basic LGBT health issues within the scope of their expertise
- ____ Identify staff with special expertise in and sensitivity to LGBT issues
- ____ Have a comprehensive list of resources and relationships with other agencies to facilitate appropriate referrals for LGBT health and social services within and outside the agency
- ____ Include and address sexual orientation and gender identity in all case management and treatment plans when it is necessary and appropriate to client care
- ____ Have written confidentiality policies that explicitly acknowledge that information about sexual orientation and gender identity is highly sensitive and should be treated accordingly
- ____ Give clients the option of designating sexual orientation and gender identity on forms and in records
- ____ Train staff on confidentiality requirements relating to data collection and information disclosure
- ____ Provide written notice to clients about when and for what reasons information about them may be disclosed to third parties
- ____ Provide appropriate, safe, and confidential treatment to LGBT minors (unless the agency's services are inappropriate for all minors)
- ____ Train staff about the legal rights of minors to seek and receive health care

_____ Tell minor clients in writing and verbally about mandatory reporting laws, and about the their rights regarding confidentiality and treatment without parental consent

_____ Include gay, lesbian, bisexual, and transgender people and their families in all outreach and health promotion activities

_____ Encourage openly gay, lesbian, bisexual, and transgender people to join its Board of Directors or other institutional bodies

_____ Include gay, lesbian, bisexual, and transgender people in agency community benefits programs

_____ Review its written policies, procedures, and forms regularly to ensure that they explicitly address issues of gay, lesbian, bisexual, and transgender staff and consumers.

Attachment D

September 2003 County A/D Administrators Survey

Method

(See Section III. of this document.)

In September 2003, staff of Progressive Research & Training for Action (PRTA), the CA ADP contractor to provide Technical Assistance on LGBT access to substance abuse services in the State, collaborated with Frank Cardoza, the Siskiyou County Administrator and a member of the CA ADP LGBT Constituent Committee at that time, to undertake a survey of County Administrator awareness of LGBT substance abuse issues and resources.

Using seven questions originally written for a similar survey conducted several years earlier, PRTA and Cardoza enlisted the help of CAPAAC lobbyist, Dale Wagerman, in Sacramento, who sent the survey with a cover message over Cardoza's name, via e-mail to all of the State's County Administrators. Responses were requested to PRTA, via fax, regular mail, or e-mail.

Due to both changes in both the leadership and composition of the LGBT Constituent Committee and in PRTA staff, there was no follow-up to the original e-mail distribution. This, in part, explains the low rate of response.

In November 2003, copies of eighteen completed and one incomplete survey were forwarded to the LGBT Constituent Committee.

Survey Instrument

(This is an accurate recreation of the survey instrument.)

2003 CA COUNTY ADMINISTRATORS SURVEY ON BEHALF OF THE CA ADP LGBT CONSTITUENT COMMITTEE

The California Department of Alcohol and Drug Programs Lesbian, Gay, Bisexual, and Transgender (LGBT) Constituency Committee is a Director's advisory committee focused upon the concerns of the LGBT community in California.

We are asking each County Administrator to complete this short survey in order to help us identify awareness levels of and resources for the LGBT community throughout California. Thank you for completing this survey. Please return the survey by Friday, September 19, 2003. If you have questions, please contact Frank Cardoza at 530 841 4891 or Robert Sardy at 510 705 8918.

1. How would you classify the county? (Please check one)

Rural Urban Mixed

2. Are you aware of the barriers to treatment for alcohol and drug problems experienced by members of the lesbian, gay, bisexual, and transgender (LGBT) community? (Please check one)

Yes No

Comments:

3. Are there LGBT-specific services in your county? (Please check one)

Yes No

Comments:

4. Are there AA and/or NA meetings that are LGBT-specific?

Yes No

Comments:

5. Do you have LGBT-specific residential services in your county? (Please check one.)

Yes No

Comments:

6. Do you refer to LGBT-specific facilities? (Please check one.)

Yes No

Comments:

7. Are you interested in receiving LGBT cultural competency technical assistance? (Please check one.)

Yes No

Comments:

You may email, fax, or mail your completed survey to:

rsardy@prtaonline.org

510 705 8922 (fax)

**Robert Sardy PRTA
2809 Telegraph Avenue, Suite #208
Berkeley, CA 94705**

Thank you for completing this survey.

Total survey results: 18 completed surveys forms:

Question # 1	Rural: 8	Urban: 1	Mixed: 9
Question # 2	Yes: 13	No: 5	
Question # 3	Yes: 3	No: 15	
Question # 4	Yes: 7	No: 11	
Question # 5	Yes: 2	No: 16	
Question # 6	Yes: 4	No: 14	
Question # 7	Yes: 17	No: 1	

Survey results by County type (Question #1):

Question # 2		Question # 5	
Rural:	Yes: 8 No: 1	Rural:	Yes: 0 No: 9
Urban:	Yes: 1 No: n/a	Urban:	Yes: 1 No: n/a
Mixed:	Yes: 4 No: 4	Mixed:	Yes: 1 No: 7
Question # 3		Question # 6	
Rural:	Yes: 0 No: 9	Rural:	Yes: 2 No: 7
Urban:	Yes: 1 No: n/a	Urban:	Yes: 1 No: n/a
Mixed:	Yes: 1 No: 7	Mixed:	Yes: 1 No: 7
Question # 4		Question # 7	
Rural:	Yes: 0 No: 9	Rural:	Yes: 9 No: 0
Urban:	Yes: 1 No: n/a	Urban:	Yes: 1 No: n/a
Mixed:	Yes: 7 No: 1	Mixed:	Yes: 7 No: 1

Attachment E

Suggested Readings & a bibliography on LGBT/ATOD

NOTE: The CA ADP LGBT Technical Assistance contractor has collected published and unpublished articles, papers, educational materials and other documents relating to LGBT substance abuse and makes copies available on request.

These five titles will provide a comprehensive introduction to what is currently known about LGBT substance abuse and strategies for its prevention and treatment. Following these is the References Attachment from the SAMHSA/CSAT *A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, & Transgender Individuals* as an aid to those seeking further information on the subject:

Ethical Funding: The Ethics of Tobacco, Alcohol, & Pharmaceutical Funding, (Revised 2001), Laurie Drabble, MSW, MPH (available from the Tobacco Education Clearinghouse of California)

Preventing Alcohol and Other Drug Problems in the Lesbian and Gay Community (available in printed form only from PRTA [www.pртаonline.org])

Counseling Lesbian, Gay, Bisexual, and Transgender Substance Abusers: Dual Identities (2002) Dana G. Finnegan, Ph.D., CAC; Emily B. McNally, Ph.D., CAC, The Haworth press, Inc., Binghamton, NY

A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, & Transgender Individuals (2001, SAMHSA/CSAT) BKD392:
<http://www.health.org/govpubs/BKD392/index.pdf>

Healthy People 2010: Companion Document for Lesbian, Gay, Bisexual, and Transgender (LGBT) Health (2001, Gay and Lesbian Medical Association):
<http://www.glma.org/policy/hp2010/index.html>



References

(reproduced from: *A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual*, SAMHSA/CSAT, 2000)

- Acuff, C., J. Archambeaul, B. Greenberg, J. Hoeltzel, J.S. McDaniel, P. Meyer, C. Packer, F.J. Parga, M.B. Pillen, A. Ronhovde, M. Saldarriaga, M.J.W. Smith, D. Stoff, D. Wagner, 1999. *Mental Health Care for People Living With or Affected by HIV/AIDS: A Practical Guide*. Project No. 6031. Research Triangle Park, NC: Research Triangle Institute.
- Alport, G., 1952. *Nature of Prejudice*. New York, NY: Doubleday.
- American Association of Physicians for Human Rights (AAPHR), 1994. *Discrimination in Medicine: Results of a National Survey of Lesbian, Gay, and Bisexual Physicians*. San Francisco, CA: AAPHR.
- American Federation of State, County, and Municipal Employees (AFSCME), 1994. *Managed Care: Community-Based Strategies for Improving Quality*. Washington, DC: AFSCME.
- American Psychiatric Association, 1995. Practice guidelines for psychiatric evaluation of adults. *American Journal of Psychiatry* 152(November Suppl):65-70.
- American Psychiatric Association, 1994. *Diagnostic and Statistical Manual of Mental Disorders (4th Edition)*. Washington, DC: American Psychiatric Press.
- American Psychiatric Association, 1968. *Diagnostic and Statistical Manual of Mental Disorders (2nd Edition)*. Washington, DC: American Psychiatric Press.
- American Psychological Association. Guidelines for psychotherapy with lesbian, gay, and bisexual clients. *American Psychologist*, in press.
- American Society of Addiction Medicine (ASAM), Working Group of the ASAM Managed Care Initiative, 1999. *Impact of Managed Care on Addiction Treatment: A Problem in Need of a Solution*. www.asam.org/ppol/managedcare.htm (accessed 9/11/2000).
- Bailey, J.M., R.C. Pillard, 1991. Genetic study of male sexual orientation. *Archives of General Psychiatry* 48:1089-1096.
- Bailey, J.M., R.C. Pillard, M.C. Neale, Y. Agyei, 1993. Heritable factors influence sexual orientation in women. *Archives of General Psychiatry* 50:217-223.
- Bartholow, B.N., L.S. Doll, D. Joy, J.M. Douglas, G. Bolan, J. Harrison, P. Moss, D. McKirnan, 1994. Emotional, behavioral and HIV risks associated with sexual abuse among adult homosexual and bisexual men. *Child Abuse and Neglect* 18:747-761.
- Bell, A.P., M.S. Weinberg, 1978. *Homosexualities: A Study of Diversities Among Men and Women*. New York, NY: Simon & Schuster.
- Bell, A.P., M.S. Weinberg, S.K. Hammersmith, 1981. *Sexual Preference: Its Development in Men and Women*. Bloomington, IN: Indiana University Press.
- Bell, P., 1981. *Counseling the Black Client: Alcohol Use and Abuse in Black America*. Minneapolis, MN: Hazelden.
- Bennett, L.W., 1995. Substance abuse and the domestic assault of women. *Social Work* 40(6):760-771.
- Berger, R.M., J.J. Kelly, 1996. Gay men and lesbians grown older. In: R.P. Cabaj, T.S. Stein (eds.), *Textbook of Homosexuality and Mental Health*. Washington, DC: American Psychiatric Press, pp. 305-316.
- Bieber, I., H.J. Dain, P.R. Dince, M.G. Drellich, H.G. Grand, R.H. Gundlach, M.W. Kremer, A.H. Rifkin, C.B. Wilbur, T.B. Bieber, 1962. *Homosexuality: A Psychoanalytic Study*. New York, NY: Basic Books, p. 313.
- Bloomfield, K., 1993. Comparison of alcohol consumption between lesbians and heterosexual women in an urban population. *Drug and Alcohol Dependence* 33(3):257-269.
- Bockting, W.O., E. Coleman, 1993. *Gender Dysphoria: Interdisciplinary Approaches in Clinical Management*. New York, NY: Haworth Press.
- Bockting, W.O., B.E. Robinson, B.R.S. Rosser, 1998. Transgender HIV prevention: A qualitative needs assessment. *AIDS Care* 10:505-526.

- Boxer, A., 1990. *Life course transitions of gay and lesbian youth: Sexual identity development and parent-child relationships*. Doctoral dissertation, University of Chicago.
- Bradford, J., C. Ryan. 1988. *The National Lesbian Health Care Survey: Final Report*. Washington, DC: National Lesbian and Gay Health Foundation.
- Bradford, J., C. Ryan, 1987. *Mental Health Implications—National Lesbian Health Care Survey*. Washington, DC: National Lesbian and Gay Health Foundation.
- Bradford, J., C. Ryan, E.D. Rothblum, 1994. National Lesbian Health Care Survey: Implications for mental health care. *Journal of Consulting and Clinical Psychology* 62(2):228-242.
- Bradshaw, J.E. 1988. *Healing the Shame That Binds You*. Deerfield Beach, FL: Health Communications.
- Briere, J., D. Evans, M. Runtz, T. Wall, 1988. Symptomology in men who were molested as children: A comparison study. *American Journal of Orthopsychiatry* 58:457-461.
- Bureau of Justice Statistics, 1994. *Violence Between Intimates: Domestic Violence*. Washington, DC: U.S. Department of Justice, Office of Justice Programs.
- Byrne, W., 1996. Biology and homosexuality: Implications of neuroendocrinological and neuroanatomical studies. In: R.P. Cabaj, T.S. Stein (eds.), *Textbook of Homosexuality and Mental Health*. Washington DC: American Psychiatric Press, pp. 129-146.
- Cabaj, R.P., 1996. Substance abuse in gay men, lesbian, and bisexual individuals. In: R.P. Cabaj, T.S. Stein (eds.), *Textbook of Homosexuality and Mental Health*. Washington, DC: American Psychiatric Press, pp. 783-799.
- Cabaj, R.P., 1988. Gay and lesbian couples: Lessons on human intimacy. *Psychiatric Annals* 18(1):21-25.
- Cabaj, R.P., D.W. Purcell (eds.), 1998. *On the Road to Same-Sex Marriage: A Supportive Guide to Psychological, Political, and Legal Issues*. San Francisco, CA: Jossey-Bass.
- Caseres, C., J.I. Cortifias, 1996. Fantasy island: An ethnography of alcohol and gender roles in a Latino gay bar. *Journal of Drug Issues* 26(1):245-260.
- Cass, V.C., 1979. Homosexual identity formation: A theoretical model. *Journal of Homosexuality* 4(3):219-235.
- Cassel, J., 1976. Contributions of the social environment to host resistance. *American Journal of Epidemiology* 104:107-123.
- Center for Substance Abuse Prevention (CSAP), 1994. *Following Specific Guidelines Will Help You Assess Cultural Competence in Program Design, Application, and Management*. Rockville, MD: CSAP.
- Center for Substance Abuse Prevention (CSAP), 1992. *Cultural Competence for Social Workers: A Guide for Alcohol and Other Drug Abuse Prevention Professionals Working With Ethnic/Racial Communities*. CSAP Cultural Competence Series 4. Special collaborative NASW/CSAP Monograph. J. Philleo, F.L. Brisbane, L.G. Epstein (eds.). Rockville, MD: CSAP.
- Center for Substance Abuse Treatment (CSAT), 2000. *Substance Abuse Treatment for Persons With HIV/AIDS*. Treatment Improvement Protocol Series 37. DHHS Publication No. (SMA) 00-3410. Rockville, MD: CSAT.
- Center for Substance Abuse Treatment (CSAT), 1999a. *Confidentiality of Patient Records for Alcohol and Other Drug Treatment*. Technical Assistance Publication 13. BKD156. Rockville, MD: CSAT.
- Center for Substance Abuse Treatment (CSAT), 1999b. *Cultural Issues in Substance Abuse Treatment*. DHHS Publication No. (SMA) 99-3278. Rockville, MD: CSAT.
- Center for Substance Abuse Treatment (CSAT), 1999c. *Treatment of Adolescents With Substance Use Disorders*. Treatment Improvement Protocol 32. BKD307. Rockville, MD: CSAT.
- Center for Substance Abuse Treatment (CSAT), 1999d. *Welfare Reform and Substance Abuse Treatment Confidentiality: General Guidance for Reconciling Need To Know and Privacy*. Technical Assistance Publication 24. BKD336. Rockville, MD: CSAT.
- Center for Substance Abuse Treatment (CSAT), 1998a. *Action Steps Report: The Northwest Regional Workshop on HIV Prevention Approaches for AOD Among Men Who Have Sex With Other Men*. U.S. Department of Health and Human Services. Centers for Disease Control and

- Prevention, Atlanta, GA, and Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment. Rockville, MD: CSAT.
- Center for Substance Abuse Treatment (CSAT), 1998b. *Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice*. Technical Assistance Publications 21. BKD246X. DHHS Publication No. (SMA) 98-3171. Rockville, MD: CSAT.
- Center for Substance Abuse Treatment (CSAT), 1997a. *A Guide to Substance Abuse Treatment for Primary Care Clinicians*. Treatment Improvement Protocol 24. BKD234. Rockville, MD: CSAT.
- Center for Substance Abuse Treatment (CSAT), 1997b. *Proceedings of the National Consensus Meeting on the Use, Abuse, and Sequelae of Abuse of Methamphetamine With Implications for Prevention, Treatment, and Research*. Rockville, MD: CSAT.
- Center for Substance Abuse Treatment (CSAT), 1997c. *Substance Abuse Treatment and Domestic Violence*. Treatment Improvement Protocol 25. BKD239. Rockville, MD: CSAT.
- Center for Substance Abuse Treatment (CSAT), 1996. *Checklist for Monitoring Alcohol and Other Drug Confidentiality Compliance*. Technical Assistance Publication Series 18. DHHS Publication No. (SMA) 96-3083. Rockville, MD: CSAT.
- Center for Substance Abuse Treatment (CSAT), 1995. *Treatment for HIV-Infected Alcohol and Other Drug Abusers*. Treatment Improvement Protocol 15. DHHS Publication No. (SMA) 95-3038. BKD163. Rockville, MD: CSAT.
- Center for Substance Abuse Treatment (CSAT), 1994a. *Recommendations on Access to Substance Abuse Services for the Lesbian and Gay Communities*. Rockville, MD: CSAT.
- Center for Substance Abuse Treatment (CSAT), 1994b. *Confidentiality of Patient Records for Alcohol and Other Drug Treatment*. Technical Assistance Publication 13. Adapted from F. Lopez. Rockville, MD: CSAT.
- Centers for Disease Control and Prevention (CDC), 1998. *HIV/AIDS Surveillance Report* 10(2): 1-43.
- Centers for Disease Control and Prevention (CDC), 1996. Youth risk behavior surveillance—United States, 1995. *Morbidity and Mortality Weekly Report* 45(No.SS-4):1-86.
- Centers for Disease Control and Prevention (CDC), 1995. Increasing morbidity and mortality associated with abuse of methamphetamine—United States, 1991-1994. *Morbidity and Mortality Weekly Report* 44(47):882-886.
- Centers for Disease Control and Prevention (CDC), 1989. Update: Acquired human immunodeficiency syndrome—United States, 1981-1988. *Morbidity and Mortality Weekly Report* 38(14):1-28.
- Clatts, M.C., W.R. Davis, 1999. Demographic and behavioral profile of homeless youth in New York City: Implications for AIDS outreach and prevention. *Medical Anthropology Quarterly* 13(3):365-374.
- Clements, K., R. Marx, R. Guzman, S. Ikdea, M. Katz, 1998. *Prevalence of HIV Infection in Transgender Individuals in San Francisco*. Unpublished manuscript. San Francisco, CA: San Francisco Department of Public Health.
- Cochran, S., V.M. Mays, 1988. Disclosure of sexual preference to physicians by black lesbian and bisexual women. *Western Journal of Medicine* 149:616-619.
- Cochran, S.D., C. Keenan, C. Schober, V. M. Mays. Estimates of alcohol use and clinical treatment needs among homosexually active men and women in the U.S. population. *Journal of Consulting and Clinical Psychology*, in press.
- Cochran, S.D., V.M. Mays, 2000. Relation between psychiatric syndromes and behaviorally defined sexual orientation in a sample of the U.S. population. *American Journal of Epidemiology* Mar 1; 151(5):516-523.
- Coleman, E., 1987. Assessment of sexual orientation. *Journal of Homosexuality* 14:1-2.
- Coleman, E., 1981/1982. Developmental stages of the coming out process. *Journal of Homosexuality* 7(2/3):31-43.
- Coleman, V., 1990. *Violence Between Lesbian Couples: A Between Groups Comparison*. Unpublished doctoral dissertation, University Microfilms International, 9109022.
- Corey, G., 1991. *Theory and Practice of Counseling and Psychotherapy, (4th Edition)*. Pacific

- Grove, CA: Brooks/Cole Publishing Company.
- Crosby, G.M., R.D. Stall, J.P. Paul, D.C. Barrett, 1998. Alcohol and drug use patterns have declined between generations of younger gay-bisexual men in San Francisco. *Drug and Alcohol Dependence* 52(3):177-182.
- Cross, W.E., 1971. Discovering the black referent: The psychology of black liberation. In: V.J. Dixon, B.G. Foster (eds.), *Beyond Black or White: An Alternate America*. Boston, MA: Little, Brown, pp. 95-110.
- Curry, H., D. Clifford, R. Leonard, F. Hertz, 1999. *A Legal Guide for Lesbian and Gay Couples (10th Edition)*. Berkeley, CA: Nolo Press.
- D'Augelli, A.R., 1996. Lesbian, gay, and bisexual development during adolescence and young adulthood. In: R.P. Cabaj, T.S. Stein (eds.), *Textbook of Homosexuality and Mental Health*. Washington, DC: American Psychiatric Press, pp. 267-288.
- D'Augelli, A.R., L.J. Dark, 1995. Vulnerable populations: Lesbian, gay, and bisexual youth. In: L.D. Eron, J.H. Gentry, P. Schlegel (eds.), *Reason To Hope: A Psychosocial Perspective on Violence and Youth*. Washington, DC: American Psychological Association, pp. 177-196.
- D'Augelli, A.R., S.L. Hershberger, 1993. Lesbian, gay, and bisexual youth in community settings: Personal challenges and mental health problems. *American Journal of Community Psychology* Aug; 21(4):421-448.
- D'Augelli, A.R., S.L. Hershberger, N.W. Pilkington, 1998. Lesbian, gay, and bisexual youth and their families: Disclosure of sexual orientation and its consequences. *American Journal of Orthopsychiatry* 68:361-371.
- Dean, L., S. Wu, J.L. Martin, 1992. Trends in violence and discrimination against gay men in New York City: 1984 to 1990. In: G.M. Herek, K.T. Berrill (eds.), *Hate Crimes: Confronting Violence Against Lesbians and Gay Men*. Newbury Park, CA: Sage Publications, pp. 46-64.
- DeCecco, J., M.G. Shively, 1985. *Origins of Homosexuality*. Old Saybrook, CT: Harrington Park Press.
- Denny, D., 1994. *Gender Dysphoria: A Guide to the Research*. New York, NY: Garland Publishing, Inc.
- Derlet, R., B. Heischouer, 1990. Methamphetamine: Stimulant of the 1990s? *Western Journal of Medicine* 153:625-628.
- Descamps, M.J., E. Rothblum, J. Bradford, C. Ryan. *Mental Health Impact of Child Sexual Abuse, Rape, Intimate Partner Violence, and Hate Crimes in the National Lesbian Health Care Survey*, submitted for publication.
- Diamond-Friedman, C., 1990. Multivariant model of alcoholism specific to gay-lesbian populations. *Alcoholism Treatment Quarterly* 7(2):11-117.
- Diaz, T., S.Y. Chu, R.H. Byers, B.S. Hersh, L. Conti, C. Rietmeijer, E. Mokotoff, A. Fann, D. Boyd, L. Iglesias, P. Checko, M. Frederick, P. Hermann, M. Herr, M. Samuel, 1994. Types of drugs used by injection drug users with HIV/AIDS in a multisite surveillance project: Implications for intervention. *American Journal of Public Health* 84:1971-1975.
- Dimock, P.T., 1988. Adult males sexually abused as children. *Journal of Interpersonal Violence* 3:203-221.
- Docter, R.F., 1990. *Transvestites and Transsexuals: Towards a Theory of Cross-Gender Behavior*. New York, NY: Plenum Press.
- Drug Abuse Warning Network, 1998. Data from the Drug Abuse Warning Network, ADAM. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- Duncan, D., R. Petosa, 1994. Social and community factors associated with drug use and abuse among adolescents. In: T. Gullotta, G. Adams, R. Montemayor (eds.), *Substance Misuse in Adolescents*. Thousand Oaks, CA: Sage Publications, pp. 56-91.
- Elliot, P., 1996. Shattering illusions: Same sex domestic violence. *Journal of Gay and Lesbian Social Services* 4(1):1-8.
- Faller, K.C., 1988. *Child Sexual Abuse: An Interdisciplinary Manual for Diagnosis, Case Management, and Treatment*. New York, NY: Columbia University Press.
- Farley, N., 1996. Survey of factors contributing to gay and lesbian domestic violence. *Journal of Gay and Lesbian Social Services* 4(1):35-42.

- Ferrando, S., K. Goggin, M. Sewell, S. Evans, B. Fishman, J. Rabkin, 1998. Substance use disorders in gay-bisexual men with HIV and AIDS. *American Journal on Addictions* 7(1):51-60.
- Fifield, L., T.A. DeCrescenzo, J.D. Latham, 1975. Alcoholism and the gay community. In: *Summary: On My Way to Nowhere: Alienated, Isolated, Drunk—An Analysis of Gay Alcohol Abuse and Evaluation of Alcoholism Rehabilitation Services for Los Angeles County*. Los Angeles, CA: Los Angeles Gay Community Services Center.
- Finnegan, D.G., E.B. McNally, 1987. *Dual Identities: Counseling Chemically Dependent Gay Men and Lesbians*. Center City, MN: Hazelden.
- Fortenberry, J.D., 1995. Adolescent substance use and sexually transmitted disease risk: A review. *Journal of Adolescent Health* 16:304-308.
- Fox, R.C., 1996. Bisexuality: An examination of theory and research. In: R.P. Cabaj, T.S. Stein (eds.), *Textbook of Homosexuality and Mental Health*. Washington, DC: American Psychiatric Press, pp. 147-171.
- Fox, R.C., 1995. Bisexual identities. In: A.R. D'Augelli, C.J. Patterson (eds.), *Lesbian, Gay, and Bisexual Identities Over the Lifespan: Psychological Perspectives*. New York, NY: Oxford University Press, pp. 48-86.
- Freese, T.E., J. Obert, A. Dickow, J. Cohen, R.H. Lord, 2000. Methamphetamine Abuse: Issues for Special Populations. *Journal of Psychoactive Drugs* 32(2):177-182.
- Freud, E. (ed.), 1960. *Letters of Sigmund Freud*. New York, NY: Basic Books, pp. 423-424.
- Freud, S., 1963. Analysis termination and interminable (1937). In: P. Reiff (ed.), *Therapy and Technique*. New York, NY: Collier, pp. 233-272.
- Futterman, D., K. Hein, N. Ruben, R. Dell, N. Shaffer, 1993. HIV-infected adolescents: The first 50 patients in a New York City program. *Pediatrics* 91:730-735.
- Garnets, L., G.M. Herek, B. Levy, 1992. Violence and victimization of lesbians and gay men: Mental health consequences. In: G. Herek, K. Berrill (eds.), *Hate Crimes: Confronting Violence Against Lesbians and Gay Men*. Newbury Park, CA: Sage Publications, pp. 207-226.
- Gartrell, N., 1994. Boundaries in lesbian therapist-client relationships. In: B. Greene, G.M. Herek (eds.), *Psychological Perspectives on Lesbian and Gay Issues: Vol. 1, Lesbian and Gay Psychology: Theory, Research, and Clinical Applications*. Thousand Oaks, CA: Sage Publications, pp. 98-117.
- Gay and Lesbian Community Action Council, 1987. *Survey of the Twin Cities Gay and Lesbian Community: Northstar Project*. Unpublished manuscript. Minneapolis, MN: Author.
- Gay and Lesbian Medical Association, 1998. *Call for HMOs/PPOs To Provide LGBT-Sensitive Referrals, Resolution*. 111-98-111. San Francisco, CA: Author.
- Ghindia, D., L. Kola, 1996. Co-factors affecting substance abuse among homosexual men: An investigation within a midwestern gay community. *Drug and Alcohol Dependence* 41(3): 167-177.
- Golay, M., C. Rollyson, 1997. *Where America Stands on Today's Most Critical Issues*. New York, NY: John Wiley & Sons.
- Gondolf, E., 1995. Alcohol abuse, wife assault, and power needs. *Social Service Review* 69(2): 274-284.
- Gonsiorek, J.C. (ed.), 1985. *Guide to Psychotherapy With Gay and Lesbian Clients*. New York, NY: Harrington Park Press.
- Gonzalez, F.J., O.M. Espin, 1996. Latino men, Latino women, and homosexuality. In: R.P. Cabaj, T.S. Stein (eds.), *Textbook of Homosexuality and Mental Health*. Washington, DC: American Psychiatric Press, pp. 583-601.
- Gordon, J.U. (ed.), 1994. *Managing Multiculturalism in Substance Abuse Services*. Thousand Oaks, CA: Sage Publications.
- Gorman, E.M., 1996. Speed use and HIV transmission. *FOCUS: Guide to AIDS Research and Counseling* 11(7):4-6.
- Gorman, E.M., B.D. Barr, A. Hansen, B. Robertson, C. Green, 1997. Speed, sex, gay men, and HIV: Ecological and community perspectives. University of Washington. *Medical Anthropology Quarterly* Dec; 11(4):505-515.
- Gorman, E.M., P. Morgan, E.Y. Lambert, 1995. Qualitative research considerations and other issues in the study of methamphetamine use among men who have sex with other men. In: R.

- Needle, L. Ey (eds.), *Qualitative Methods in Drug Abuse and HIV Research*. NIDA Research Monograph Series 157. Rockville, MD: National Institute on Drug Abuse.
- Greene, B., 1994. Lesbian women of color. In: L. Comas-Diaz, B. Greene (eds.), *Women of Color: Integrating Ethnic and Gender Identities in Psychotherapy*. New York, NY: Guilford Press, pp. 389-427.
- Guinier, L., 1994. *Tyranny of the Majority: Fundamental Fairness in Representative Democracy*. New York, NY: Free Press.
- Haldeman, D.C., 1994. Practice and ethics of sexual orientation conversion therapy. *Journal of Consulting and Clinical Psychology* 62:221-227.
- Hamer, D.H., P. Copeland, 1994. *Science of Desire: The Search for the Gay Gene and the Biology of Behavior*. New York, NY: Simon & Schuster.
- Hanley-Hackenbruck, P., 1989. Psychotherapy and the "coming out" process. *Journal of Gay and Lesbian Psychotherapy* 1(1):21-39.
- Harris, N., H. Theide, J. McGough, D. Gordon, 1993. Risk factors for HIV infection among injection drug users: Results of blinded surveys in drug treatment centers, King County, Washington, 1988-1991. *Journal of Acquired Immune Deficiency Syndrome* 6(1):1275-1282.
- Hays, R.B., S.M. Kegeles, T.J. Coates, 1990. High HIV risk taking among young gay men. San Francisco, CA: Center for AIDS Prevention Studies, Division of General Internal Medicine, University of California. *AIDS* Sept; 4(9):901-907.
- Health Care Financing Administration, 2000. *Quality Improvement System for Managed Care (QISMC) Year 2000 Standards & Guidelines (pending Office of Management and Budget approval, July 26, 2000)*. www.hcfa.gov/quality/3a1.htm (accessed 9/13/00).
- Heffernan, K., 1998. The nature and predictors of substance use among lesbians. *Addictive Behaviors* 23(4):517-528.
- Hellman, R.E., M. Stanton, J. Lee, A. Tytun, R. Vachon, 1989. Treatment of homosexual alcoholics in government-funded agencies: Provider training and attitudes. *Hospital Community Psychiatry* 40(11):1163-1168.
- Herd, G., 1996. Issues in the cross-cultural study of homosexuality. In: R.P. Cabaj, T.S. Stein (eds.), *Textbook of Homosexuality and Mental Health*. Washington, DC: American Psychiatric Press, pp. 65-82.
- Herd, G., A. Boxer, 1993. *Children of Horizons: How Gay and Lesbian Teens Are Leading a New Way Out of the Closet*. Boston, MA: Beacon Press.
- Herek, G.M., 1990. Context of anti-gay violence: Notes on cultural and psychological heterosexism. *Journal of Interpersonal Violence* 5:316-333.
- Herek, G.M., 1989. Hate crimes against lesbians and gay men: Issues for research and policy. *American Psychologist* 44(6):948-955.
- Herrick, E.S., A.D. Martin, 1987. Developmental issues and their resolution for gay and lesbian adolescents. *Journal of Homosexuality* 14(1-2):25-43.
- Hoffman, N., D. Futterman, A. Myerson, 1999. Treatment issues for HIV-positive adolescents. *AIDS Clinical Care* 3:11.
- Hooker, E., 1957. Adjustment of the male overt homosexual. *Projective Technique* 21(1):18-31.
- Hubbard, R.L., M.E. Marsden, J.V. Rachal, H.J. Harwood, E.R. Cavanaugh, H.M. Ginsberg, 1989. *Drug Abuse Treatment: A National Study of Effectiveness*. Chapel Hill, NC: University of North Carolina Press.
- Hughes, T., 1999. *Sexual Identity and Alcohol Use: A Comparison of Lesbians' and Heterosexual Women's Patterns of Drinking*. Presentation conducted at the National Institute of Mental Health (November), Bethesda, MD.
- Hughes, T.L., A.P. Haas, L. Avery, 1997. Lesbians and mental health: Preliminary results from the Chicago Women's Health Survey. *Journal of Gay and Lesbian Medical Association* 1(3): 133-144.
- Hughes, T.L., S.C. Wilsnack, 1997. Use of alcohol among lesbians: Research and clinical implications. Department of Public Health, Mental Health and Administrative Nursing, University of Illinois, Chicago, IL. *American Journal of Orthopsychiatry* Jan; 67(1):20-36.

- Hunter, J., 1996. *Emerging From the Shadows: Gay, Lesbian and Bisexual Adolescents. Personal Identity Achievement, Coming Out, and Sexual Risk Behaviors*. Unpublished doctoral dissertation, City University of New York.
- Hunter, J., R. Haymes, 1997. It's beginning to rain: Gay/lesbian/bisexual adolescents and AIDS. In: M.S. Schneider (ed.), *Pride and Prejudice: Working With Lesbian, Gay and Bisexual Youth*. Toronto, ON: Central Toronto Youth Services, pp.137-163.
- Hunter, J., G. Mallon, 1999. Lesbian, gay, and bisexual adolescent development: Dancing with your feet tied together. In: B. Greene, G.L. Croom (eds.), *Education, Research, and Practice in Lesbian, Gay, Bisexual, and Transgendered Psychology: A Resource Manual. Psychological Perspectives on Lesbian and Gay Issues, Vol. 5*. Thousand Oaks, CA: Sage Publications, pp. 226-243.
- Hunter, J., R. Schaecher, 1995. Gay and lesbian adolescents. In: R.L. Edwards (ed.), *Encyclopedia of Social Work*. Washington, DC: National Association of Social Workers, pp. 1055-1063.
- Iglehart, J.K., 1996. Health policy report: Managed care and mental health. *New England Journal of Medicine* 334(2):131-138.
- Imhof, J.E., 1995. Overcoming countertransference and other attitudinal barriers in the treatment of substance abuse. In: A.M. Washton (ed.), *Psychotherapy and Substance Abuse: A Practitioner's Handbook*. New York, NY: Guilford Press, pp. 3-22.
- Institute of Medicine, 1997. *Managing Managed Care*. Washington, DC: National Academy Press.
- Institute of Medicine, 1996. *Pathways of Addiction: Opportunities in Drug Abuse Research*. Washington, DC: National Academy Press.
- Institute of Medicine, 1990. *Broadening the Base of Treatment for Alcohol Problems*. Washington, DC: National Academy Press.
- Island, D., P. Letellier, 1991. *Men Who Beat the Men Who Love Them*. New York, NY: Harrington Park Press.
- Jean, L.L., 1998. A ward of our own. *Advocate* 7 October 13, p. 9.
- Johnston, L., P. O'Malley, J. Bachman, 1995. *National Survey Results on Drug Abuse From the Monitoring the Future Study 1975-1995*. Rockville, MD: National Institute on Drug Abuse.
- Jones, B.E., M.J. Hill, 1996. African American lesbian, gay men, and bisexual individuals. In: R.P. Cabaj, T.S. Stein (eds.), *Homosexuality and Mental Health: A Comprehensive Review*. Washington, DC: American Psychiatric Press, pp. 549-561.
- Kantor, G., M. Strauss, 1987. "Drunken bum" theory of wife beating. *Social Problems* 34(3): 213-227.
- Kennedy, N.J., 1999. Behavioral medicine: Cost effectiveness of primary prevention. In: T.P. Gullotta, R. Hampton, G. Adams, B. Ryan, R. Weissberg (eds.), *Children's Health Care: Issues for the Year 2000 and Beyond*. Thousand Oaks, CA: Sage Publications, pp. 229-282.
- Kerner, K., 1995. Health care issues. In: K. Jay (author, ed.), *Dyke's Life: A Celebration of the Lesbian Experience*. New York, NY: Basic Books.
- Kertzner, R.M., M. Sved, 1996. Midlife gay men and lesbians: Adult development and mental health. In: R.P. Cabaj, T.S. Stein (eds.), *Textbook of Homosexuality and Mental Health*. Washington, DC: American Psychiatric Press, Inc., pp. 289-303.
- Kinsey, A.C., W.B. Pomeroy, C.E. Martin, 1948. *Sexual Behavior in the Human Male*. Philadelphia, PA: W.B. Saunders.
- Kinsey, A.C., W.B. Pomeroy, C.E. Martin, P. Gebhard, 1953. *Sexual Behavior in the Human Female*. Philadelphia, PA: W.B. Saunders.
- Klein, K., T.J. Wolf, 1985. *Bisexualities: Theory and Research*. New York, NY: Haworth Press.
- Klinger, R.L., R.P. Cabaj, 1993. Characteristics of gay and lesbian relationship. In: J.M. Oldham, M.B. Riba, A. Tasman (eds.), *American Psychiatric Press Review of Psychiatry, Vol. 12*. Washington, DC: American Psychiatric Press, pp. 101-125.
- Kominars, S.B., K.D. Kominars, 1996. *Accepting Ourselves and Others: A Journal in Recovery From Addictive and Compulsive Behavior for Gays, Lesbians, Bisexuals, and Their Therapists*. Center City, MN: Hazelden.
- Kondratas, A., A. Weil, N. Goldstein, 1998. Assessing the new federalism: An introduction. *Health Affairs* May/June; 17:24.

- Kreiss, J.L., D. Patterson, 1997. Psychosocial issues in primary care of lesbian, gay, bisexual, and transgender youth. *Journal of Pediatric Health Care* 11:266-274.
- Kruks, G.P., 1991. Gay and lesbian homeless/street youth: Special issues and concerns. *Journal of Adolescent Health* 12:515-518.
- Kus, R.J., 1989. Bibliotherapy and gay American men of Alcoholics Anonymous. *Gay and Lesbian Psychotherapy* 1(2):73-86.
- Kus, R.J., 1985. Stages of coming out: An ethnographic approach. *Western Journal of Nursing Research* 7(2):177-198.
- Larsen, E., 1991. *Stage II Recovery: Life Beyond Crisis*. San Francisco, CA: Harper San Francisco, audiocassette.
- Leonard, K., T. Jacob, 1987. Alcohol, alcoholism, and family violence. In: V.R. Van Hasselt, A. Morrison, A. Bellack, M. Hersen (eds.), *Handbook of Family Violence*. New York, NY: Plenum, pp. 383-406.
- Letellier, P., 1996. Twin epidemics: Domestic violence and HIV infection among gay and bisexual men. *Journal of Gay and Lesbian Studies* 4(1):69-81.
- LeVay, S., 1996. *Queer Science: The Use and Abuse of Research Into Homosexuality*. Cambridge, MA: MIT Press.
- Lewis, C.E., M.T. Saghir, E. Robins, 1982. Drinking patterns in homosexuality and heterosexual women. *Journal of Clinical Psychiatry* 43:277-279.
- Lewis, J.A., R.Q. Dana, B.A. Gregory, 1994. *Substance Abuse Counseling (2nd Edition)*. Belmont, CA: Brooks/Cole Publishing Company.
- Li, K.C., 1996. Private insurance industry's tactics against suspected homosexuals: Based on occupation, residence, and marital status. *American Journal of Law and Medicine* 22(14): 477-502.
- Lobel, K. (ed.), 1986. *Naming the Voice: Speaking Out About Lesbian Battering*. Seattle, WA: Seal Press.
- Lombardi, E.L., R.A. Wilchins, D. Priesing, D. Malouf. *Gender Violence: Transgender Experiences With Violence and Discrimination*, submitted for publication.
- Longshore, D., M.D. Anglin, K. Annon, S. Hsieh, 1993. Trends in self-reported HIV risk behavior: Injection drug users in Los Angeles. *Journal of Acquired Immune Deficiency Syndrome* 6: 82-90.
- Longshore, D., J. Annon, M.D. Anglin, 1998. Long-term trends in self-reported HIV risk behavior: Injection drug users in Los Angeles, 1987-1995. *Journal of Acquired Immune Deficiency Syndrome and Human Retrovirology* 18:64-72.
- Longshore, D., S. Hsieh, 1998. Drug abuse treatment and risky sex: Evidence for a cumulative treatment effect? *American Journal of Drug and Alcohol Abuse* 24:439-451.
- Los Angeles County Task Force on Runaway and Homeless Youth, 1988. *Report and Recommendations of the Task Force on Runaway and Homeless Youth*. Los Angeles County, CA: Author.
- Lu, F.G., 1996. Getting to cultural competence: Guidelines and resources. *Behavioral Healthcare Tomorrow* 5(2):49-51.
- MacKenzie, R.G., 1993. Influence of drug use on adolescent sexual activity. *Adolescent Medicine: State of the Art Reviews* 4(2):112-115.
- Magee, M., D.C. Miller, 1998. Psychoanalytic views of female homosexuality. In: R.P. Cabaj, T.S. Stein (eds.), *Textbook of Homosexuality and Mental Health*. Washington, DC: American Psychiatric Press, pp.191-206.
- Marmor, J. (ed.), 1980. *Homosexual Behavior: A Modern Reappraisal*. New York, NY: Basic Books.
- Mason, J.L., 1995. *Cultural Competence Self-assessment Questionnaire: A Manual for Users*. Portland, OR: Portland State University Research and Training Center on Family Support and Children's Mental Health.
- McKirnan, D., P.L. Peterson, 1989. Alcohol and drug abuse among homosexual men and women:

- Epidemiology and population characteristics. *Addictive Behaviors* 14:545-553.
- McNally, E.B., 1989. *Lesbian Recovering Alcoholics in Alcoholics Anonymous: A Qualitative Study of Identity Transformation*. Unpublished doctoral dissertation, New York University.
- Meyer, C.H., 1993. *Assessment in Social Work*. New York, NY: Columbia University Press.
- Michaels, S., 1996. The prevalence of homosexuality in the United States. In: R.P. Cabaj, T.S. Stein (eds.), *Textbook of Homosexuality and Mental Health*. Washington, DC: American Psychiatric Press, pp. 43-63.
- Miller, A., 1981. *The Drama of the Gifted Child*. New York, NY: Basic Books.
- Miller, B., W. Downs, D. Gondolfi, 1989. Spousal violence among alcoholic women as compared to a random household sample of women. *Journal of Studies on Alcoholism* 50(6):533-535.
- Mongeon, J.E., T.O. Ziebold, 1982. Preventing alcohol abuse in the gay community: Toward a theory and model. *Journal of Homosexuality* 7(4):89-99.
- Morales, E.S., M.A. Graves, 1983. *Substance Abuse: Patterns and Barriers to Treatment for Gay Men and Lesbians in San Francisco*. San Francisco, CA: San Francisco Prevention Resource Center.
- Morgan, P., D. McDonnell, J. Beck, K. Joe, R. Gutierrez, 1993. Ice and methamphetamine use: Preliminary findings from three sites. In: B. Sowder, G. Beschner (eds.), *Methamphetamine: An Illicit Drug With High Abuse Potential*. Rockville, MD: T. Head and Company.
- Moriarty, H.J., A. Thiagalingam, P.D. Hill, 1998. Audit of service to a minority client group: Male to female transsexuals. *International Journal of STD and AIDS* 9:238-240.
- Nakajima, G.A., Y.H. Chan, K. Lee, 1996. Mental health issues for gay and lesbian Asian Americans. In: R.P. Cabaj, T.S. Stein (eds.), *Textbook of Homosexuality and Mental Health*. Washington, DC: American Psychiatric Press, pp. 563-581.
- National Association of Social Workers, 1996. *Lesbian, Gay and Bisexual Issues: Policy Statement*. Approved by the NASW Delegate Assembly. Washington, DC: Author.
- National Coalition of Anti-Violence Programs, 1997. *Report on Hate-motivated Violence Against Lesbians, Gay Men, Bisexuals, and Transgender Individuals*. New York, NY: Author.
- National Institute on Drug Abuse (NIDA), 1994. Community Epidemiology Work Group. *Epidemiology Trends in Drug Abuse*. Rockville, MD: NIDA.
- Neisen, J., 1993. Healing from cultural victimization: Recovery from shame due to heterosexism. *Journal of Gay and Lesbian Psychotherapy* 2(1):49-63.
- Neisen, J., 1990. Heterosexism: Redefining homophobia for the 1990s. *Journal of Gay and Lesbian Psychotherapy* 1(3):21-35.
- Neisen, J.H., 1997. Inpatient psychoeducational group model for gay men and lesbians with alcohol and drug abuse problems. In: L.D. McVinnay (ed.), *Journal of Chemical Dependency Treatment: Innovative Group Approaches*. New York, NY: Haworth Press, pp. 37-51.
- New York State Office of Alcoholism and Substance Abuse Services, Academy of Addiction Studies, 1996. *Working With Lesbian, Gay, Bisexual, and Transgender Clients in Alcoholism and Substance Abuse Services Trainers Manual*. New York, NY: Community Health Project.
- Nichols, L.M., L.J. Blumberg, 1998. Different kind of "New Federalism." *Health Affairs* May/June; 17(3):25-42.
- Office of Applied Studies, Substance Abuse and Mental Health Services Administration (SAMHSA), 1999. *Summary of Findings From the 1998 National Household Survey on Drug Abuse*. Rockville, MD: SAMHSA.
- O'Hanlan, K., 1995. Lesbian health and homophobia: Perspectives for the treating obstetrician/gynecologist. *Current Problems in Obstetrics and Gynecology* 18(4):96-101.
- Ostrow, D.G., 1996. Mental health issues across the HIV -1 spectrum for gay and bisexual men. In: R.P. Cabaj, T.S. Stein (eds.), *Textbook of Homosexuality and Mental Health*. Washington, DC: American Psychiatric Press, pp. 859-879.
- Ostrow, D.G., E.D. Beltran, J.G. Joseph, W. DiFrancesco, J. Wesch, J.S. Chmiel, 1993. Recreational drugs and sexual behavior in the Chicago MACS/CCS cohort of homosexually active men. *Journal of Substance Abuse* 5(4):311-325.

- Patterson, C.J., 1995. Lesbian mothers, gay fathers, and their children. In: A.R. D'Augelli, C.J. Patterson (eds.), *Lesbian, Gay and Bisexual Identities Over the Lifespan*. New York, NY: Oxford University Press, pp. 262-290.
- Paul, J.P., R.D. Stall, G.M. Crosby, D.C. Barrett, C.T. Midanik, 1994. Correlates of sexual risk-taking among gay male substance abusers. *Addiction* 89(8):971-983.
- Paul, J.P., R.D. Stall, F. Davis, 1993. Sexual risk for HIV transmission among gay/bisexual men in substance-abuse treatment. *AIDS Education and Prevention* 5(1):11-24.
- Pernanen, K., 1991. *Alcohol Human Violence*. New York, NY: Guilford Press.
- Peterson, M.R., 1992. *At Personal Risk: Boundary Violations in Professional-Client Relationships*. New York, NY: Norton.
- Picucci, M. 1998. *Journey Toward Complete Recovery: Reclaiming Your Emotional, Spiritual, and Sexual Wholeness*. Berkeley, CA: North Atlantic Books.
- Pillard, R.C., 1996. Homosexuality from a familial and genetic perspective. In: R.P. Cabaj, T.S. Stein (eds.), *Textbook of Homosexuality and Mental Health: A Comprehensive Review*. Washington, DC: American Psychiatric Press, pp. 115-128.
- Prochaska, J., J. Norcross, C. DiClemente, 1994. *Changing for Good*. New York, NY: William Morrow & Co.
- Ratner, E.F., 1993. Treatment issues of chemically dependent lesbians and gay men. In: L.D. Garnets, D.C. Kimmel (eds.), *Psychological Perspectives on Lesbians and Gay Male Experiences*. New York, NY: Columbia University Press, pp. 567-578.
- Ratner, E.F., T. Kosten, A. McLellan, April 1991. Treatment outcome of PRIDE Institute patients: First wave—Patients admitted from September 1988 through February 1989. In: A.T. McLellan, (ed.) *Outcome Report*. Eden Prairie, MN: PRIDE Institute.
- Reback, C.J., E.L. Lombardi, 1999. HIV risk behaviors of male-to-female transgenders in a community-based harm reduction program. *International Journal of Transgenderism* 3(1,2 combined).
- Remafedi, G., 1987. Adolescent homosexuality: Psychosocial and medical implications. *Pediatrics* 79:331-333.
- Rodgers, L., 1995. Transgendered youth fact sheet. In: Transgender Protocol Team (ed.), *Transgender Protocol: Treatment Services Guidelines for Substance Abuse Providers*. San Francisco, CA: Lesbian, Gay, Bisexual, Transgender Substance Abuse Task Force, pp. 7-8.
- Rosario, M., J. Hunter, M. Gwadz, 1997. Exploration of substance use among lesbian, gay and bisexual youth: Prevalence and correlates. Thousand Oaks, CA: Sage Publications. *Journal of Adolescent Research* 12(4):454-476.
- Rosario, M., H.F.L. Meyer-Bahlburg, J. Hunter, T.M. Exner, M. Gwadz, A.M. Keller, 1996. *Psychosexual Development of Lesbian, Gay and Bisexual Youths: Sexual Activities, Sexual Orientation and Sexual Identity*. Paper presented at the Second International Conference on Biopsychosocial Aspects of HIV Infection, Brighton, United Kingdom.
- Rothblum, E., 1994. I only read about myself on bathroom walls: The need for research on the mental health of lesbians and gay men. *Journal of Consulting and Clinical Psychology* 62(2):213-220.
- Rotheram-Borus, M.J., J. Hunter, M. Rosario, 1994. Suicidal behavior and gay-related stress: Gay and bisexual male adolescents. *Journal of Adolescent Research* 9:498-508.
- Rotheram-Borus, M.J., M. Rosario, H. Meyer-Bahlburg, 1994. Sexual and substance use acts of gay and bisexual male adolescents in New York City. *Journal of Sex Research* 31:47-57.
- Rotheram-Borus, M.J., M. Rosario, H. Reid, C. Koopman, 1995. Predicting patterns of sexual acts among homosexual and bisexual youths. *American Journal of Psychiatry* 152(4):588-595.
- Ryan, C., D. Futterman, 1998. Adolescent HIV counseling and testing protocol. In: C. Ryan, D. Futterman (eds.), *Lesbian and Gay Youth: Care and Counseling. (Guidelines for providing HIV counseling and testing in all settings that provide adolescent care)*. New York, NY: Columbia University Press, pp. 152-161.
- Ryan, C., D. Futterman, 1997. *Lesbian and Gay Youth: Care and Counseling*. Philadelphia, PA: Hanley & Belfus.

- Saghir, M.T., E. Robins, B. Walbren, K.A. Gentry, 1970. Homosexuality IV. Psychiatric disorders and disability in the male homosexual. *American Journal of Psychiatry* 126:1079-1086.
- San Francisco Department of Public Health, AIDS Office, 1997. *HIV Prevention and Health Service Needs of the Transgender Community in San Francisco: Results From Eleven Focus Groups*. San Francisco, CA: Author.
- Savin-Williams, R.C., 1995. Lesbian, gay, and bisexual adolescence. In: A.R. D'Augelli, C.J. Patterson (eds.), *Lesbian, Gay, and Bisexual Identities Over the Lifespan*. New York, NY: Oxford University Press, pp. 165-189.
- Savin-Williams, R.C., 1994. Verbal and physical abuse as stressors in the lives of lesbian, gay male, and bisexual youths: Association with school problems, running away, substance abuse, prostitution, and suicide. *Journal of Consulting and Clinical Psychology* 62(2):261-269.
- Schaef, A., 1988. *When Society Becomes an Addict*. San Francisco, CA: Harper.
- Schoenbaum, M., W. Zhang, R. Sturm, 1998. Costs and utilization of substance abuse care in privately insured populations under managed care. *Psychiatric Services* 49:1573-1578.
- Seattle Commission on Children and Youth, 1988. *Report on Gay and Lesbian Youth in Seattle*. Seattle, WA: Department of Human Resources.
- Seil, D., 1996. Transsexuals: The boundaries of sexual identity and gender, 1996. In: R.P. Cabaj, T.S. Stein (eds.), *Textbook of Homosexuality and Mental Health*. Washington, DC: American Psychiatric Press, pp. 743-762.
- Simpson, B., 1994. *Making Substance Abuse and Other Services More Accessible to Lesbian, Gay, and Bisexual Youth*. Toronto, ON: Central Toronto Youth Services.
- Skinner, W.F., 1994. Prevalence and demographic predictors of illicit and licit drug use among lesbians and gay men. *American Journal of Public Health* 84:1307-1310.
- Skinner, W.F., M.D. Otis, 1996. Drug and alcohol use among lesbian and gay people in a southern U.S. sample: Epidemiological, comparative, and methodological findings from the Trilogy Project. *Journal of Homosexuality* 30(3):59-62.
- Sophie, J., 1985/1986. A critical examination of stage theories of lesbian identity development. *Journal of Homosexuality* 12(2):39-51.
- Stall, R., J. Wiley, 1988. Comparison of alcohol and drug use patterns of homosexuality and heterosexual men: The San Francisco Men's Health Study. *Drug and Alcohol Dependence* 22:63-73.
- Stark, E., A. Filcraft, 1988. Violence among intimates: An epidemiological review. In: V.D. Van Hasselt, R.L. Morrison, A.S. Bellack, M. Hersen (eds.), *Handbook of Family Violence*. New York, NY: Plenum, pp.159-199.
- Stricof, R.L., J.T. Kennedy, J.C. Natell, I.B. Weisfuse, L.F. Novick, 1991. HIV seroprevalence in a facility for runaway and homeless adolescents. *American Journal of Public Health* 81(Suppl):50-53.
- Substance Abuse and Mental Health Services Administration (SAMHSA), 1998. *Legal Issues Associated With Development and Implementation of a Provider-Sponsored Managed Care Organization*. Managed Care Technical Assistance Series 6. BKD296. Rockville, MD: SAMHSA.
- Substance Abuse and Mental Health Services Administration (SAMHSA), 1996. *National Household Survey on Drug Abuse, Main Findings of 1996*. Rockville, MD: SAMHSA.
- Surles, R.C., R.I. Fox, 1998. Behavioral health: A view from the industry. In: D. Mechanic (ed.), *Managed Behavioral Health Care: Current Realities and Future Potential*. San Francisco, CA: Jossey-Bass, pp. 25-29.
- Tafoya, T.N., 1996. Native two-spirit people. In: R.P. Cabaj, T.S. Stein (eds.), *Homosexuality and Mental Health: A Comprehensive Review*. Washington, DC: American Psychiatric Press, pp. 603-617.
- Tewksbury, R., Gagne, P., 1996. Transgenderists: Products of non-normative intersexion of sex, gender, and sexuality. *Journal of Men's Studies* 5:105-129.
- Tims, F.M., B.W. Fletcher, R.L. Hubbard, 1991. Treatment outcomes for drug abuse clients. In: R.W. Pickens, C.G. Leukefeld, C.R. Schuster (eds.), *Improving Drug Abuse Treatment*. NIDA Research Monograph 106. DHHS Pub. No. (ADM) 91-1754. Rockville, MD: National Institute on Drug Abuse, pp. 93-113.
- Transgender Protocol Team, 1995. *Transgender Protocol: Treatment Services Guidelines for*

- Substance Abuse Treatment Providers*. San Francisco, CA: Lesbian, Gay, Bisexual, Transgender Substance Abuse Task Force.
- Travers, R., M. Schneider, 1996. Barriers to accessibility for lesbian and gay youth needing addictions services. *Youth and Society* 27(3):356-378.
- Tremble, B., M. Schneider, C. Appathurai, 1989. Growing up gay or lesbian in a multicultural context. *Journal of Homosexuality* 17:253-267.
- Troiden, R.R., 1988. *Gay and Lesbian Identity*. New York, NY: General Hall Press.
- Vaid, U., 1995. *Virtual Equality: The Mainstreaming of Gay and Lesbian Literature*. New York, NY: Anchor Books.
- Waldorf, D., S. Murphy, 1990. IV drug use and syringe sharing practices of callmen and hustlers. In: M. Plant (ed.), *AIDS, Drugs and Prostitution*. London, England: Routledge.
- Warren, B., 1997. The transgender experience: Identity, community, and recovery. *Counselor* May/June; 37-39.
- Weinberg, G., 1983. *Society and the Healthy Homosexual*. New York, NY: St. Martin's Press.
- Weinberg, G., 1972. *Society and the Healthy Homosexual*. New York, NY: St. Martin's Press.
- Weinberg, M., C. Williams, 1974. *Male Homosexuals: Their Problems and Adaptations*. New York, NY: Oxford University Press.
- Weinberg, M., S. Williams, D. Pryor, 1994. *Dual Attraction: Understanding Bisexuality*. New York, NY: Oxford University Press.
- Welch S., P. Howden-Chapman, S.C.D. Collings, 1998. Survey of drug and alcohol use by lesbian women in New Zealand. *Addictive Behaviors* 23(4):543-548.
- Windle, M., R. Windle, D. Scheidt, G. Miller, 1995. Physical and sexual abuse and associated mental disorders among alcoholic inpatients. *American Journal of Psychiatry* 152:1322-1328.
- Winnicott, D.W., 1965. *Maturational Processes and the Facilitating Environment: Studies in the Theory of Emotional Development*. Madison, CT: International Universities Press, Inc.
- Woititz, J.G., 1990. *Adult children of alcoholics*. Deerfield Park, FL: Health Communications.
- Woll, C., 1996. What difference does culture make? Providing treatment to women different from you. *Journal of Chemical Dependency* 6:67-85.
- Wong, F.Y., C.L. Ching, M.W. Ross, K.H. Mayer, 1998. Sexualities as social roles among Asian and Pacific Islander American gay, lesbian, bisexual, and transgender individuals: Implications for community-based health education and prevention. *Journal of the Gay and Lesbian Medical Association* 2(4):157-166.
- Woodman, N.J., 1989. Mental health issues of relevance to lesbian women and gay men. *Journal of Gay and Lesbian Psychotherapy* 1(1):53-63.
- Woody, G.E., D. Donnell, G.R. Seage, D. Metzger, M. Marmor, B.A. Koblin, 1999. Non-injection substance use correlates with risky sex among men having sex with men: Data from HIVNET. *Drug and Alcohol Dependence* 53(3):197-205.
- Wolf, D., 1983. CSN depressants alcohol. In: G. Bennett, C. Vourakis, D. Wolf (eds.), *Substance Abuse: Pharmacological Development and Clinical Perspectives*. New York, NY: John Wiley & Sons, pp. 39-56.
- Ziebold, T.O., J.E. Mongeon (eds.), 1985. *Gay and Sober: Directions for Counseling and Therapy*. New York, NY: Harrington Park Press.
- Zierler, S., L. Feingold, D. Laufer, P. Velentgas, I. Kantrowitz-Gordon, K. Mayer, 1991. Adult survivors of childhood sexual abuse and subsequent risk of HIV infection. *American Journal of Public Health* 81:572-575.